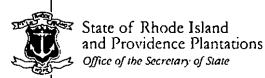
RI SOS Filing Number: 201877236350 Date: 9/12/2018 4:00:00 PM



1. ID No.

2. Exact name of the limited liability company

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2018

Filing Period: September 1 - November 1 - Filing Fee: \$50.00° - THIS REPORT MUST BE TYPEO OR PRINTED LEGIBLY IN BLACK INK.

In accordance with R.I.G. L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law
(R.I.G.L. 7:16-66 (b&c)) is subject to a penalty fee of \$25.00.

10732	(<u>U</u>	623 CORN NECK R	23 CORN NECK ROAD, LLC				
1	Island						
5. Principal office address 570 Scarborough Road				Briarcliff Manor	State NY	<i>χ</i> φ 10510	
Contact N		SS OF LIMITED LIABIL	ITY COMPANY AND N	Contact Title	OR TITLE OF CONTACT PERSON: Contact Title Agent		
Street Ada	<u> </u>			City Westerly	State RI	λφ 02891	
7. NAM	E AND ADDI		ER OF THE LIMITED L PACES BEFORE USING	IABILITY COMPANY, IF APPI ATTACHMENTS ("X" BOX FO	JCABLE - DO NOT PRATTACHMENT)	LIST MEMBERS	
Manager	Name			Manager Name	Manager Name		
Street Address				Street Address	Street Address		
Ciţv		State	Zip	City	State	Ztp	
Manager Name				Manager Name	Manager Name		
Sirvet Address				Street Address	Street Address		
City		State	Zip	City	State	Ζφ	
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11							
FILED SEP 1 0 2018 Whis report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b). 1073270 Under penalty of perjury. I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements considered beein are two and correct.							
File Daie Check No	File Date Check No.						
Ву:	FOR SECRETAL	RY OF STATE USE ONLY		Signature of Authorize Kenry L Print or Type Name of	1 CKin	Date /	
	<u> </u>			••		Form 632 Rev. 08/08	