RI SOS Filing Number: 201877432400 Date: 9/14/2018 10:22:00 AM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2018 SEP 14 AM 10: 22

Annual Report for the year: 2017
Limited Liability Company

→ Filing period: September 1 - November 1
→ Filing Fee: $50.00
→ Penalty Additional $25.00 fee if form is not filed by December 1.

1. Entity ID Number	2. Exact name of the Limited Liability Company
001100005	**Trilogy Development LLC**
3. NAICS Code: 531390	4. Brief description of the character of business conducted in Rhode Island: Aquiren and developer of real estate
5. State of Formation: **RI**	

6. Principal Office Address	City	State	Zip
400 Blackstone Blvd	Providence	RI	02906

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name	Contact Title		
Kevin Chase	Owner		
Street Address	**City**	**State**	**Zip**
400 Blackstone Blvd	Providence	RI	02906

8. List **ALL** managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**

Manager Name	Manager Name
Kevin Chase	
Street Address: 400 Blackstone Blvd	Street Address
City: Providence / State: RI / Zip: 02906	City / State / Zip
Manager Name	Manager Name
Street Address	Street Address
City / State / Zip	City / State / Zip

Check the box to indicate an attachment ☐

9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Name of Authorized Person	Date
Kevin Chase	9/14/2018
Signature of Authorized Person	

MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

10:22 **FILED**
SEP 14 2018
BY

FORM 632 - Revised: 10/2017