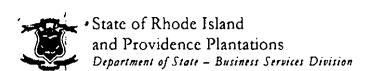
RI SOS Filing Number: 201877455030 Date: 9/14/2018 4:00:00 PM



2. Exact name of the limited liability company

Sill Silver Street Stre

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

Filing Period: September 1 - November 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED 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.

000114513	TREMONT PROPE	RTIES, LLC	153	1110	
4. Brief description of the character of the business which is actually conducted in Rhode Island Rental				5. State of Formation Rhode Island	
6. Principal office address 86 Tremont Street 7. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND N			City Central Falls	State RI	7 <i>ip</i> 02863
Contact Name Robert Macken		HY COMPANY AND	Contact Title President	PERSON:	
Street Address 86 Tremont Street			Central Falls	RI State	02863
8. NA.u£ AND ADD		R OF THE LIMITED BEFORE USING ATT	LIABILITY COMPANY, IF APPLACHMENTS ("X" BOX FOR A	ICABLE - <u>DO NOT I</u>	LIST MEMBERS
Street Address			Street Address		
City	State	Zip	City	State	Zip
Munager Name		I	Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
	T IN RHODE ISLAND rrently of record in the Offic	e of the Secretary of St	ate. Changes require filing of Form	642 – R.I.G.L. 7-16-11	Orson and Brusini Ltd.
File Date Check No By:		be executed by an au FILED SEP 14 2018	thorized person pursuant to R.I.(declare and affirm that I is g schedules and statement decrees.	nave examined this report,
			Print or Type Name of Author		