RI SOS Filing Number: 201878197920 Date: 9/21/2018 4:00:00 PM

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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018
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.

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7. Mailing Address of Limited Liability Company and Name or Title of Contact Contact Name Paul T. Surabian Street Address 90 Douglas Pike 8. List ALL managers (names and addresses) of the Limited Liability Company Manager Name Paul T. Surabian Street Address 164 Beacon Avenue City Warwick State R1 City City City City City City City Cit	siness conducted in Rhoo	de Island		
5. State of Formation Rhode Island 6. Principal Office Address 90 Douglas Pike 7. Mailing Address of Limited Liability Company and Name or Title of Contact Contact Name Paul T. Surabian Street Address 90 Douglas Pike 8. List ALL managers (names and addresses) of the Limited Liability Company and Name Paul T. Surabian Street Address 164 Beacon Avenue City Warwick to deal with real estate City Street Address City Street Address 102889	siness conducted in Rhoo	le Island		
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90 Douglas Pike 8. List ALL managers (names and addresses) of the Limited Liability Company Manager Name Paul T. Surabian Street Address 164 Beacon Avenue City Warwick State R1 Street Address 3 City City O2889	Contact Title Manager			
Manager Name Paul T. Surabian Street Address 164 Beacon Avenue City Warwick State R1 Zip 02889 City	mithfield	State RI	Zip 02917-0000	
Paul T. Surabian Street Address 164 Beacon Avenue City Warwick State R1 Zip 02889 City	any, IF APPLICABLE - D	O NOT LIST MEI	MBERS	
164 Beacon Avenue 3 City State R1 Zip City City 02889	Manager Name Rhonda M. Boyajian			
Warwick RI 02889 (Street Address 35 Riverview Road			
	Clifton Park	State NY	Zip 12065	
Manager Name Manager Alison S. Haytayan	Name			
Street Address Street Ad 24 Powers Road	Street Address			
City Hollis State Zip City 03049		State	Zip	
	Chec	k the box to indic	ate an attachment	
9. Resident Agent in Rhode Island. This information is currently of record with the				
Under penalty of perjury, I declare and affirm that I have examined this statements, and that all statements contained herein are true and corre	report, including any a	ccompanying so	chedules and	
Name of Authorized Person		Date	,	
Paul T. Surabian	Manager	09/04/	2018	
Signature of Authorized Person SIGN DOCUMENT HERE				
Hours d				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED**

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