

**STAMP** 

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## 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.

Entity ID Number		2. Exact name of the Limited Liability Company				
799778	1445	1445 WARWICK AVENUE APARTMENTS, LLC				
3. NAICS Code	4. Brief de	4. Brief description of the character of business conducted in Rhode Island				
531110	To own ar	To own and operate residential rental apartments				
5. State of Formation	·					
RI						
6. Principal Office Address			City	State	Zip	
558 SMITHFIELD ROAD			PAWTUCKET	RI		
7. Mailing Address of Limite	ed Liability Compa	any and Name o	r Title of Contact Person			
Contact Name JOHN K. COOPER			Contact Title			
Street Address 558 SMITHFIELD ROAD			City PAWTUCKET	State RI	Zip 028	
8. List ALL managers (nam	nes and addresse	s) of the Limited	Liability Company, IF APPLICAB	LE - DO NOT LIST	MEMBERS	
Manager Name NONE			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
		<u>,                                    </u>		Check the box to i	indicate an attachment	
9. Resident Agent in Rhode	e Island. This inform	nation is currently	of record with the Department of State	e. Changes require filir	ng Form 642.	
Under penalty of perjury, statements, and that all s	I declare and aff tatements conta	irm that I have ined herein are	examined this report, including true and correct.	any accompanyin	g schedules and	
Name of Authorized Person				Date		
JOHN K. COOPER				9-18-2018		
Signature of Authorized Pe	de h	ConSIG	N DOCUMENT HERE			

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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FORM 632 - Revised: 10/2017