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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.

| | FCR | | | | | | | |
|----|-----|------|--|---|---|--|--|--|
| 31 | | TARY | | _ | i | | | |
| | | | | | | | | |

| 1. Entity ID Number 799780 | | 2. Exact name of the Limited Liability Company NORTHERN RI APARTMENTS, LLC | | | | | | |
|---|-------------------|---|---|--------------------------|------------------------|--|--|--|
| 3. NAICS Code | 4. Brief de | 4. Brief description of the character of business conducted in Rhode Island | | | | | | |
| 531110 | To own a | 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 Limited | | any and Name o | r Title of Contact Person | | <u> </u> | | | |
| Contact Name JOHN K. COOPER | | | Contact Title | Contact Title | | | | |
| Street Address 558 SMITHFIELD ROAD | | | City PAWTUCKET | State RI | Zip 028 | | | |
| | s and addresse | s) of the Limited | Liability Company, IF APPLICAB | LE - DO NOT LIST | MEMBERS | | | |
| Manager Name NONE | | | Manager Name | Manager Name | | | | |
| Street Address | | | Street Address | Street Address | | | | |
| City | State | Zip | City | State | Zip | | | |
| Manager Name | | | Manager Name | Manager Name | | | | |
| Street Address | | | Street Address | Street Address | | | | |
| City | State | Zip | City | ' State | Zip | | | |
| | • | | | Check the box to | indicate an attachment | | | |
| 9. Resident Agent in Rhode I | sland. This infor | mation is currently | of record with the Department of Stat | e. Changes require filir | ng Form 642. | | | |
| Under penalty of perjury, I on statements, and that all sta | | | 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 Pers | | 910 | N DOCUMENT HERE | | | | | |
| John | K Coope | | TO DOCUMENT HEIVE | | | | | |
| | | | | | | | | |

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

ISEP 28 2013

FORM 632 - Revised: 10/2017