s s	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business	Services	
	148 W. River St		
	Providence RI 0290 (401) 222-304		
HOPE	(+01) 222-30-		
Limited Liability Company Annual Report Filing Period: September 1 - November 1			
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.			
ANNUAL REPORT YEAR: 2018			
1. ID No. <u>000142140</u>			
2. Exact Name of the Limited Liability Company <u>ALCO PROPERTIES, LLC</u>			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>531390</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
ACOURDING DEVELOPING OWNING LEASING MORTGACING MANACING			
<u>ACQUIRING, DEVELOPING, OWNING, LEASING, MORTGAGING, MANAGING,</u> OPERATING, SELLING AND OTHERWISE DISPOSING OF CERTAIN REAL PROPERTY			
5. Principal Office Address			
No. and Street: <u>400 GEC</u> City or Town: <u>SMITHF</u>	DRGE WASHINGTON HIGHWA FIELD	Y State: <u>RI</u> Zip: <u>02917</u> Co	untry: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
	A. COSTANTINO Contact Title:		
No. and Street: <u>400 GE</u> City or Town: <u>SMITH</u>	ORGE WASHINGTON HWY FIELD	State: <u>RI</u> Zip: <u>02917</u> Cou	ntry: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Co	de, Country

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

JOSEPH DEANGELIS, ESQ. ADLER POLLOCK & SHEEHAN P.C ONE CITIZENS PLAZA, 8TH FLOOR PROVIDENCE , RI 02903

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 10 Day of October, 2018 at 11:31:40 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By <u>ALFRED COSTANTINO</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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