State of Rhode Island	and Providen	ce Plantations		_	
Department of S	State - Bus	siness Servic	ces Division	!	FILED
Annual Report for the Limited Liability Comp	OCT 1 0 2018				
 → Filing period: September → Filing Fee: \$50.00 → Penalty: Additional \$25.0 			cember 1.	BY	
1. Entity ID Number	Fai	Maun C	Parperties, 1	LLC_	
3. NAICS Code 53 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	90 Peri Estate				
6 Principal Office Address			City CIV	State 21	528U5
7. Mailing Address of Limited L	<u> </u>	any and Name or	Title of Contact Person		
Contact Name CONTACT NAME CONTACT NAME CONTACT NAME			Contact Title GUVQY		
Street Address DCY 392 1			city/mceln	State 2.I	710GZFU5
8. List ALL managers (names	and addresse	s) of the Limited L	Manager Name		
Street Addrace -			Street Address		
City	State 16mT		City	State	Zıp
Manager Namo			Manager Name		
Street Address			Street Address		
Cily	State	Zıp	City	State	Zip
				Check the box to i	ndicate an attachment
			firecord with the Department of State		
Under penalty of perjury, I d statements, and that all state	eclare and af	firm that I have e iined herein are t	xamined this report, including a rue and correct.	any accompanyin	g schedules and
Name of Authorized Person OGVM MAHY MAHY OGVM MAHY MAH				Date 9/2	0/18
Signature of Authorized Perso	n /	; :h		7	,

MAIL TO:

Division of Business Services

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

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