s s	tate of Rhode Island and Pro Office of the Secreta		NS Fee: \$50.00
Division Of Business Services			
148 W. River Street			
Providence RI 02904-2615 (401) 222-3040			
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>000158664</u>			
2. Exact Name of the Limited Liability Company <u>ADMIRAL ASSOCIATES, LLC</u>			
3. State of Formation			
State: <u>RI</u>			
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>531120</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
TO BUY, SELL, LEASE, MANAGE, DEVELOP AND OTHERWISE DEAL IN REAL ESTATE			
5. Principal Office Addre	SS		
No. and Street: 10 ADMIRAL STREET			
	OVIDENCEState:	<u>RI</u> Zip: <u>02908</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: JOHN WILBUR Contact Title: VP			
No. and Street: 10 ADMIRAL STREET   City or Town: PROVIDENCE State: RI Zip: 02908 Country: USA			
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Add	ress
	First, Middle, Last, Suffix	Address, City or Town, S	State, Zip Code, Country
MANAGER	HARLEY A FRANK		IRAL STREET RI 02908 USA

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

JOSHUA L. CELESTE, ESQ. ONE FINANCIAL PLAZA, SUITE 1800 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 17 Day of October, 2018 at 2:44:01 PM 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 JOHN WILBUR, VP

Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$  2007 - 2018 State of Rhode Island and Providence Plantations All Rights Reserved