RI SOS Filing Number: 201879590270 Date: 10/16/2018 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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Annual Report for the year: 2018 **Limited Liability Company**

> Filing period: Septer	mber 1 - Novem	ber 1			,				
→ Filing Fee: \$50,00				_					
→ Penalty: Additional \$	25.00 tee it torm	is not filed by U	ecember 1.						
1. Entity ID Number	2. Exact na	2. Exact name of the Limited Liability Company							
121608	I	SEA CON PHOENIX PROPERTIES, LLC							
3. NAICS Code	4. Brief des	4. Brief description of the character of business conducted in Rhode Island							
531311	Real Esta	Real Estate Holding Company							
5. State of Formation	-	7							
RI									
6. Principal Office Address			City	State	Zip				
50 Airport Road			Westerly	RI	02891				
7. Mailing Address of Limite		any and Name or							
Contact Name Frank A. Ravenelle			Contact Title Member	Contact Title Member					
Street Address 50 Airport Road			City Westerly	State RI	^{Zlp} 02891				
		s) of the Limited	Liability Company, IF APPLICA	ABLE - DO NOT LIST	MEMBERS				
Manager Name			Manager Name	Manager Name					
Street Addross			Street Address	Street Address					
City	State	Zlp	City	State	Zip				
Manager Name			Manager Name	Manager Name					
Street Address			Street Address	Street Address					
City	State	Zlp	City	State	Zip				
	I			Check the box to	indicate an attachment				
9. Resident Agent In Rhode	e Island. This Inform	nation is currently	of record with the Department of Si	late. Changes require life	ng Farm 642.				
Under penalty of perjury, statements, and that all s			examined this report, includi true and correct.	'ng any accompanyin	g schedules and				
Name of Authorized Person	n	Date							

City	State	Zip	City	State	Zip	
Manager Name Street Address			Manager Name			
			Street Address			
City	State	Zlp	City	State	Zip	
				Check the box to in	idicate an attachment	
9. Resident Agent In Rhode Islan	nd. This Inform	nation is currently	of record with the Departmen	t of State. Changes require lifting	j Farm 642.	
Under penalty of perjury, I dec statements, and that all staten				cluding any accompanying	schedules and	
Name of Authorized Person		Date				
FRANK A. R	AVEN	ELLE		10/1	10/16/18	
			POCUMENT 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

OCT 16 2018

FORM 632 - Revised: 08/2017