



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

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SECRETARY OF STATE  
CORPORATIONS DIV  
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Annual Report for the year: **2017**

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.

|                                                                                                                                                                                                             |                    |                                                                                                                                   |                           |                    |                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------|---------------------|
| 1. Entity ID Number<br><b>000164333</b>                                                                                                                                                                     |                    | 2. Exact name of the Limited Liability Company<br><b>Livmax LLC</b>                                                               |                           |                    |                     |
| 3. NAICS Code<br><b>531390</b>                                                                                                                                                                              |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>Real Estate and Mortgage Marketing Services</b> |                           |                    |                     |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                          |                    |                                                                                                                                   |                           |                    |                     |
| 6. Principal Office Address<br><b>1 Frederick Lane</b>                                                                                                                                                      |                    |                                                                                                                                   | City<br><b>Cumberland</b> | State<br><b>RI</b> | Zip<br><b>02864</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |                    |                                                                                                                                   |                           |                    |                     |
| Contact Name<br><b>Michael J Schlott</b>                                                                                                                                                                    |                    |                                                                                                                                   | Contact Title             |                    |                     |
| Street Address<br><b>1 Frederick Lane</b>                                                                                                                                                                   |                    |                                                                                                                                   | City<br><b>Cumberland</b> | State<br><b>RI</b> | Zip<br><b>02864</b> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |                    |                                                                                                                                   |                           |                    |                     |
| Manager Name<br><b>Michael J Schlott</b>                                                                                                                                                                    |                    |                                                                                                                                   | Manager Name              |                    |                     |
| Street Address<br><b>1 Frederick Lane</b>                                                                                                                                                                   |                    |                                                                                                                                   | Street Address            |                    |                     |
| City<br><b>Cumberland</b>                                                                                                                                                                                   | State<br><b>RI</b> | Zip<br><b>02864</b>                                                                                                               | City                      | State              | Zip                 |
| Manager Name                                                                                                                                                                                                |                    |                                                                                                                                   | Manager Name              |                    |                     |
| Street Address                                                                                                                                                                                              |                    |                                                                                                                                   | Street Address            |                    |                     |
| City                                                                                                                                                                                                        | State              | Zip                                                                                                                               | City                      | State              | Zip                 |
| Check the box to indicate an attachment <input type="checkbox"/>                                                                                                                                            |                    |                                                                                                                                   |                           |                    |                     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.                                                                   |                    |                                                                                                                                   |                           |                    |                     |
| <b>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</b> |                    |                                                                                                                                   |                           |                    |                     |
| Name of Authorized Person<br><b>Michael J Schlott</b>                                                                                                                                                       |                    |                                                                                                                                   |                           | Date               |                     |
| Signature of Authorized Person<br>                                                                                                                                                                          |                    |                                                                                                                                   |                           | SIGN DOCUMENT HERE |                     |

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
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