

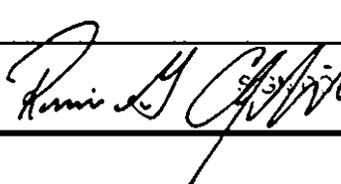


State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV  
**STAMP**  
 2019 APR 15 PM 2:02  
FOR THE STATE OF RHODE ISLAND ONLY

Annual Report for the year: **2018**  
 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.

<b>1. Entity ID Number</b> 489253	<b>2. Exact name of the Limited Liability Company</b> DRAPER STREET, LLC.				
<b>3. NAICS Code</b> 531110	<b>4. Brief description of the character of business conducted in Rhode Island</b> REAL ESTATE INVESTMENT				
<b>5. State of Formation</b> RHODE ISLAND					
<b>6. Principal Office Address</b> 17 RED GATE ROAD		<b>City</b> CUMBERLAND	<b>State</b> RI	<b>Zip</b> 02864	
<b>7. Mailing Address of Limited Liability Company and Name or Title of Contact Person</b>					
<b>Contact Name</b> RONNIE G. CHARCHAFLIAH		<b>Contact Title</b> MBR			
<b>Street Address</b> 4 JASONS GRANT DRIVE		<b>City</b> CUMBERLAND	<b>State</b> RI	<b>Zip</b> 02864	
<b>8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS</b>					
<b>Manager Name</b> N/A		<b>Manager Name</b>			
<b>Street Address</b>		<b>Street Address</b>			
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Manager Name</b>		<b>Manager Name</b>			
<b>Street Address</b>		<b>Street Address</b>			
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Check the box to indicate an attachment <input type="checkbox"/>					
<b>9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.</b>					
<i>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.</i>					
<b>Name of Authorized Person</b> RONNIE G. CHARCHAFLIAH			<b>Date</b> 03/25/2019		
<b>Signature of Authorized Person</b> 		<b>STATEMENT HERE</b>			

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

**FILED** ←  
 APR 15 2019 2:08  
 BY    DPSW3