

RECEIVED SECRETARY OF STATE CORPORATIONS DIV

2019 APR 25 AM 9: 57

→ 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 2. Exact name of the Limited Liability Company						
	10000	L16	1216	Iopment Group LLC			
	3. NAICS Code						
	531110 Real ESTATE						
	5. State of Formation						
	RI			•			
	6. Principal Office Address			City	State	Zıp	
	4 Fox Place			Providence	RI	02903	
	Mailing Address of Limited Liability Company and Name or Title of Contact Person						
	Contact Name Derek Mesofella			Contact Title			
	Street Address 4 Fax Place			City Providence	State K 7	^{Z19} 07903	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE -						DO NOT LIST MEMBERS	
	Manager Name Vincent Mossiells			Manager Name			
	Street Address 4 Fox Place			Street Address			
	City Providence	State	Zip 02903	City	State	Zip	
	anager Name			Manager Name			
	Street Address			Street Address			
	City	State	Zıp	City	State	Zip	
Check the box to indicate						dicate an attachment	
	9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.						
	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.						
	Name of Authorized Person						
	Derek Merolella 4/25/004						
	Signature of Authorized Person Werdelly						
	(4)						

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 2 5 2019

FORM 632 - Revised: 10/2