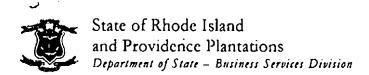
RI SOS Filing Number: 201920116950 Date: 9/16/2019 4:00:00 PM



148 W. River Street Providence, RI 02904-2615 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

Filing Period: September 1 - November 1 - Filing Fee: \$50.00' - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK. 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

545829	_	2. Exact name of the limited liability company 544 Douglas Avenue, LLC			3. NAICS Code	
	on of the character of the busin , hold, develop, rent	•		5. State of Formation Rhode Island		
6. Principal office address 544 Douglas Avenue			City Providence	State R1	Zip 02908	
7. MAILING AL Contact Name Robert J. Le		ILITY COMPANY AND	NAME OR TITLE OF CONTAC Contact Title Manager	T PERSON:		
Street Address 544 Douglas Avenue			City Providence	State RI	Ζ <i>i</i> ρ 02908	
8. NAME AND A	DDDESS OF EACH MANA	CED OF THE LIMITED	LIABILITY COMPANY, IF APP	LICABLE DO NOT I	LICT MEMBERS	
					PIST MEMBERS	
Manager Name Robert J. L	FILL IN SPACE	S BEFORE USING ATT		ATTACHMENT)	LIST MEMBERS	
Manager Name	FILL IN SPACE		ACHMENTS ("X" BOX FOR		LIST MEMBERS	
Manager Name Robert J. L	FILL IN SPACE		ACHMENTS ("X" BOX FOR Manager Name		Zip	
Manager Name Robert J. L Street Address 544 Douglas	evine Avenue	Zip	ACHMENTS ("X" BOX FOR Manager Name Street Address	ATTACHMENT)		
Manager Name Robert J. L Street Address 544 Douglas City Providence	evine Avenue	Zip	ACHMENTS ("X" BOX FOR Manager Name Street Address City	ATTACHMENT)		
Manager Name Robert J. L Street Address 544 Douglas City Providence Manager Name	evine Avenue	Zip	ACHMENTS ("X" BOX FOR Manager Name Street Address City Manager Name	ATTACHMENT)		
Manager Name Robert J. L Street Address 544 Douglas City Providence Manager Name Street Address City	FILL IN SPACE evine Avenue State Ri	Zip 02908	ACHMENTS ("X" BOX FOR Manager Name Street Address City Manager Name Street Address	State	Zip	

SEP 1.6.2019
This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

File Date	
Check No.	
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained hereinfare trud and correct.

Signature of

Robert J. Levine, Manager

uthorized Person