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Annual Report for the year: 2019
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 <b>160171</b>	I	2. Exact name of the Limited Liability Company  1181 Douglas Avenue Associates, LLC  4. Brief description of the character of business conducted in Rhode Island Real estate management and leasing				
3. NAICS Code						
531110	iveal estati					
5. State of Formation						
RI						
6. Principal Office Address			City	State	Zip	
143 Smithfield Road			North Providence	RI	02904	
7. Mailing Address of Limite	ed Liability Compa	any and Name or				
Contact Name Azarig Kooloian			Contact Title Manager			
Street Address 143 Smithfield Road			City North Providence	State RI	<sup>Zip</sup> 02904	
8. List ALL managers (nam	nes and addresse	s) of the Limited	Liability Company, IF APPLICABLE	E - DO NOT LIST	MEMBERS	
Manager Name .			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
		1		Check the box to	indicate an attachment	
9. Resident Agent in Rhode	e Island. This inforr	nation is currently	of record with the Department of State.	Changes require fili	ng Form 642.	
Under penalty of perjury, statements, and that all s			examined this report, including a true and correct.	any accompanyii	ng schedules and	
Name of Authorized Person				Date		
Azarig Kooloian				10/03/19		
Signature of Authorized Pe	Foolar-	SIG	N DOCUMENT 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

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