RI SOS Filing Number: 202066369390 Date: 10/16/2020 4:00:00 PM



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2020 OCT 16 PE4:25

Annual Report for the year: $\frac{2020}{}$ **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	2. Exact паme of the Limited Liability Company					
160173	112 Douglas Avenue Associates, LLC					
3. NAICS Code 531120	Brief description of the character of business conducted in Rhode Island Real estate management and leasing					
5. State of Formation RI						
6. Principal Office Address 143 Smithfield Road			City North Providence	State RI	Zip 02904	
	shility Compan	v and Name or Tit	le of Contact Person			
7. Mailing Address of Limited Liability Company and Name or Title Contact Name Azarig Kooloian Jr.			Contact Title Manager			
Street Address 6 Palou Drive			City North Providence	State RI	Zip 02904	
8. List ALL managers (names a	nd addresses)	of the Limited Lia	bility Company, IF APPLICABLI	E - DO NOT LIST	MEMBERS	
Manager Name Azarig Kooloian Jr,			Manager Name			
Street Address 6 Palou Drive			Street Address			
^{City} North Providence	State RI	Zip 02904	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
	<u> </u>			Check the box to	indicate an attachment	
9. The Resident Agent informat	ion currently o	f record with the F	RI Department of State is accura	ite. Changes requi	ire filing Form 642.	
Under penalty of perjury, I de statements, and that all state	clare and affi	rm that I have ex	amined this report, including	any accompanyi	ng schedules and	
Name of Authorized Person				Date		
Azarig Kooloian Jr.				10/16/	10/16/20	
Signature of Authorized Person	/ //					

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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