



State of Rhode Island

Department of State - Business Services Division

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BUSINESS DIV
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Annual Report for the year: 2017

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 000295156		2. Exact name of the Limited Liability Company ANGELL 387, LLC			
3. NAICS Code 81 531390		4. Brief description of the character of business conducted in Rhode Island TO HOLD AND INVEST REAL ESTATE			
5. State of Formation RI					
6. Principal Office Address 374 WICKENDEN STREET		City PROVIDENCE		State RI	Zip 02903
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name BAHMAN JALILI			Contact Title MANAGER		
Street Address 374 WICKENDEN STREET		City PROVIDENCE		State RI	Zip 02903
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name BAHMAN JALILI			Manager Name		
Street Address 374 WICKENDEN STREET			Street Address		
City PROVIDENCE	State RI	Zip 02903	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. The Resident Agent information currently of record with the RI Department of State is accurate. 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 BAHMAN JALILI				Date 11-19-20	
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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FORM 632 - Revised: 08/2020