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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:	2016
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	To Evact nam	ne of the Limited L	ishility Company					
75182			• •					
3. NAICS Code 5. State of Formation Rhode Island	4. Brief description of the character of business conducted in Rhode Island Real Estate Rental							
6. Principal Office Address	I Office Address City			State	Zip			
23 Royal Avenue	·			RI	02904			
7. Mailing Address of Limited Lia	7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
			_	ontact Title Operating Manager				
Street Address 23 Royal Avenue			City Providence	State Ri	^{Zip} 02904			
3. List ALL managers (names an		of the Limited Lia	bility Company, IF APPLICAE	BLE - DO NOT LIST	MEMBERS			
Manager Name Lorraine C. Slane	ger Name Lorraine C. Slaney Manager Name							
Street Address 23 Royal Avenue			Street Address	Street Address				
City Providence	State RI	^{Zip} 02904	City	State	Zip			
Manager Name			Manager Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
Check the box to indicate 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				Date	Date			
Lorraine C. Slaney			Septem	September 21, 2016				
Signature of Authorized Person SIGN 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 FILEDOV

OCT 1 1 2016