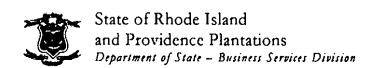
RI SOS Filing Number: 201877725520 Date: 9/17/2018 4:00:00 PM



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _____ 2018

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 falling or refusing to file its annual report within thirty (30) days after the time prescribed by law
(R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

4. Brief description of the character of the business which is actually conducted in Rhode Islandacquire, own, manage, dispose of, and lease real estate. 6. Principal office address One Harry Street Crans 7. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITL Contact Name Andre B. LeBlanc Street Address One Harry Street City One Harry Street	State RI E OF CONTACT PERSON: Title ger State State State State	State of Formation ode Island Zip 02907
One Harry Street 7. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITL Conlact Name Andre B. LeBlanc Street Address City	E OF CONTACT PERSON: Title ger State	02907
Contact Name Andre B. LeBlanc Street Address Contact Manag	Title g er State	
Clans		02907
8. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COM FILL IN SPACES BEFORE USING ATTACHMENTS	MPANY, IF APPLICABLE - DO N ("X" BOX FOR ATTACHMENT)	OT LIST MEMBERS
Manager Name Andre B. LeBlanc		
Street Address One Harry Street	dress	
Cranston State Zip City Cranston RI 02907	State	Zip
Manager Name Manager	Name	
Street Address Street Ad.	dress	
City State Zip City	State	Zip
9. RESIDENT AGENT IN RHODE ISLAND		
	uire filing of Form 642 – R.I.G.L. 7-	16-11Orson and Brusini Ltd.
SEP 1 7 2018	N	
ву_649		

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

File Date
Check No.
By:FOR SECRETARY OF STATE USE ONLY

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.

Signapure of Authorized Person

Date

Andre B. LeBlanc, Manager

Print or Type Name of Authorized Person