RI SOS Filing Number: 201882231780 Date: 12/3/2018 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018
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 796648	2. Exact name of the Limited Liability Company 49 CLIFF AVENUE, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
53111O	REAL Estate					
5. State of Formation	1 4	•				
RI						
6. Principal Office Address			City	State	Zip	
122 TOURO STREET			NEWPORT	RI	02840	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name TURNER C. SCOTT			Contact Title REGISTERED AGENT			
Street Address 122 TOURO STREET			City NEWPORT	State RI	^{Ζιρ} 02840	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name Sohia Begoir			Manager Name			
Street Address I.D. Box 430850			Street Address			
City	State	Zip	CityMlami	State	Zip 33243	
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 Martin de Leon Delloc (en)	Date		
Signature of Authorized Person		8168 00	COMERT WERE			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILEC

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