|   | State of Rhode Island and Pro<br>Office of the Secreta   |  |
|---|--|--|
|   | Division Of Business   |  |
|   | 148 W. River St  |  |
| lunat   | Providence RI 0290<br>(401) 222-304  |  |
| HOPE  | (101) 222 30   |  |
| Limited Liability Com<br>Annual Report<br>Filing Period: September 1  |  |  |
|   | . 7-16-66(d), each limited liability comp<br>in thirty (30) days after the time presc<br>penalty fee of \$25.00. |  |
| ANNUAL REPORT YEAR  | : <u>2018</u>  |  |
| <b>1. ID No.</b> <u>00014076</u>  | <u>6</u>   |  |
| 2. Exact Name of the Li   | mited Liability Company <u>ADAMS</u>   | REALTY INVESTMENT COMPANY,                         |
| 3. State of Formation   |  |  |
| State: <u>RI</u>  |  |  |
|   | ARTICLE III  |  |
| -   | Code that best describes the primary re information on NAICS can be found  | business conducted by the entity. Download online. |
| <u>531120</u>   |  |  |
| 4. Brief Description of th  | ne Character of the Business Which   | is Actually Conducted in Rhode Island              |
| REAL ESTATE HOLD  | ING COMPANY  |  |
| 5. Principal Office Addre   | ess  |  |
| No. and Street: <u>35</u>   | PRISCILLA DRIVE  |  |
| City or Town: <u>BA</u>   | <u>RRINGTON</u> State:   | <u>RI</u> Zip: <u>02806</u> Country: <u>USA</u>    |
| 6. Mailing Address of Li  | mited Liability Company and Name   | or Title of Contact Person:                        |
| Contact Name: Contact   |  |  |
|   | PRISCILLA DRIVE  | $PI = z_{in}, 0.02806$ Country LISA                |
| City or Town: BAR   | RINGTON State:   | <u>RI</u> Zip: <u>02806</u> Country: <u>USA</u>    |
| 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.<br>DO NOT LIST MEMBERS |  |  |
| Title   | Individual Name  | Address  |
|   | First, Middle, Last, Suffix  | Address, City or Town, State, Zip Code, Country    |
| MANAGER   | JOSEPH ADAMS   | 35 PRISCILLA DRIVE<br>BARRINGTON, RI 02806 USA     |

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

JOSEPH ADAMS 35 PRISCILLA DRIVE BARRINGTON, RI 02806

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

**Signed this 22 Day of October, 2018 at 9:55:36 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By JOSEPH ADAMS

Signature of Authorized Person

Form No. 632 Revised 09/07

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