State of Rhode Island and Providence Plantations Department of State - Business Services Division Annual Report for the year: **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 2. Exact name of the Limited Liability Company commercial f Residental 5. State of Formation 6. Principal Office Address City, Zip Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Contact Title Street Address 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS Manager Name Manager Name Street Address Street Address City State Ζıp 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 stalements, and that all statements contained herein are true and correct. Name of Authorized Person Signature of Authorized Person

RI SOS Filing Number: 202107419460 Date: 12/24/2021 4:00:00 PM

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615