State of Rhode Island and Providence Plantations  Department of State - Business Services Division	
Annual Report for the year:	
<ul> <li>→ Filing period: September 1 - November 1</li> <li>→ Filing Fee: (\$50.00</li> <li>→ Penalty: Additional \$25.00 fee if form is not filed by December 1.</li> </ul>	

1. Entity ID Number	2. Exact name of the Limited Liability Company						
001039818	Up in Arms Realty, UC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
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5. State of Formation	heal Estate Gental						
RI							
6. Principal Office Address			City_	State	Zip		
22 Last Street			Tiveston	RI	02878		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Randy Le beau			Contact Title Werber				
Street Address 777 Main Rd		cityTiventon	State	Zip 02878			
8. List ALL managers (names ar	nd addresses) of	the Limited Liabil	ity Company, IF APPLICABLE - D	O NOT LIST ME	MBERS		
Manager Name	ger Name Manager Name				·		
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
			Che	ck the box to indi	cate 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							
Randystebeau, Member 3/24/17							
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 FILED

MAR 2 7 2017

FORM 632 - Revised: 02/2017