RI SOS Filing Number: 201749509830 Date: 9/11/2017 4:00:00 PM

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Annual Report for the year: 2017
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 147442 | 2. Exact name of the Limited Liability Company Silver Springs Properties, LLC | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------------------|-------------------|------------------------|--|--|
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island Property Management, Repairs & Maintenance | | | | | | |
| 5. State of FormationRI | | | •• · · · · · · · · · · · · · · · · · · | | | | |
| 6. Principal Office Address 150 Silver Lake Avenue | | | City Wakefield | State RI | Zip 02879 | | |
| 7. Mailing Address of Limited Lia | bility Compa | iny and Name or T | | | | | |
| Contact Name Russell Bertran | d | | Contact Title Member | | | | |
| Street Address 150 Silver Lake | Avenue | | City Wakefield | State RI | ^{Zip} 02879 | | |
| 8. List ALL managers (names a | nd addresses | s) of the Limited Li | ability Company, IF APPLICA | BLE - DO NOT LIST | MEMBERS | | |
| Manager 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 | | |
| | 1 | J | | 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 dec statements, and that all staten | lare and aff | irm that I have ex | camined this report, includin | | | | |
| Name of Authorized Person | | | | | Date | | |
| Russell Bertrand | | | | 9/7/20 | 9/7/2017 | | |
| 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

