RI SOS Filing Number: 201750628320 Date: 9/28/2017 4:00:00 PM

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

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 000527957  | 2. Exact name of the Limited Liability Company  EXIT EIGHT R.E., LLC   |             |                   |                      |                      |  |
|--|--|-------------|-------------------|----------------------|----------------------|--|
| 3. NAICS Code 53-Real Estate   | 4. Brief description of the character of business conducted in Rhode Island Engaged in selling,renting,leasing & managing real estate property owned by Exit Eight R.E., LLC |             |                   |                      |                      |  |
| 5. State of Formation R.I.   |  |             |                   |                      |                      |  |
| 6. Principal Office Address  |  |             | City              | State                | Zip                  |  |
| 153 James P. Murphy Highway  |  |             | West Warwick      | R.I.                 | 02893                |  |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |  |             |                   |                      |                      |  |
| Contact Name Joseph A. Accetta   |  |             | Contact Title     |                      |                      |  |
| Street Address 153 James P. M  | lurphy Highw   | <i>ı</i> ay | City West Warwick | State R.I.           | <sup>Zip</sup> 02893 |  |
| 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  | Zip         | City              | State                | Zip                  |  |
| Manager Name   |  | •           | Manager Name      |                      |                      |  |
| Street Address   |  |             | Street Address    |                      |                      |  |
| City   | State  | Zip         | City              | State                | Zip                  |  |
|  |  |             | Ċ                 | heck 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                 |                      |  |
| Joseph A. Accetta  |  |             |                   | 9-22-17              |                      |  |
| Signature of Authorized Person  Control GN 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 FUED

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