Department of State - Business Services Division

State of Rhode Island and Providence Plantations

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 2. Exact name of the Limited Liability Company 118521 RNR, LLC 3. NAICS Code 4. Brief description of the character of business conducted in Rhode Island 531110 5. State of Formation RENTAL (REAL ESTATE) RESIDENTIAL State Zip 6. Principal Office Address 02827 685 CARR'S TRAIL **GREENE** RI Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Contact Title MARK RIVARD **MEMBER** City State Zıp Street Address 685 CARR'S TRAIL 02827 **GREENE** RI 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 City State Zip Manager Name Manager Name Street Address Street Address State City State Zip City Ζıp 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 filling Form 642 Under the 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 9-30-2017 MARIL Signature of Authorized Pe MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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