s s	tate of Rhode Island and Pro Office of the Secreta		S Fee: \$50.0
	Division Of Business 148 W. River S Providence RI 0290	treet	
HOPE	(401) 222-30		
Limited Liability Com Annual Report	pany		
Filing Period: September 1	- November 1		
	7-16-66(d), each limited liability com n thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	2017		
1. ID No. <u>001664757</u>	7		
2. Exact Name of the Li	mited Liability Company <u>21 RUF</u>	US ST., LLC	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
	Code that best describes the primary e information on <u>NAICS</u> can be found		he entity. Download
<u>531110</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conducted	in Rhode Island
RENTAL PROPERTY			
5. Principal Office Addre	SS		
	RUDALE DRIVEEST WARWICKState: I	RI Zip: <u>02893</u>	Country: <u>USA</u>
6. Mailing Address of Lir	nited Liability Company and Name	or Title of Contact Pe	rson:
	<u>IE LECA</u> Contact Title: <u>MANAGER</u> RUDALE DRIVE		
	ST WARWICK State: F	<u>21</u> Zip: <u>02893</u>	Country: <u>USA</u>
7. Name and Address of DO NOT LIST MEMBER	Each Manager of the Limited Liak	ility Company, if Appli	cable.
Title	Individual Name	Addre	
MANAGER	First, Middle, Last, Suffix EMANUEL M. LECA	Address, City or Town, Sta	
	EIVIAINUEL IVI. LEGA	51 WESTERN IN CRANTON, RI (DUSTRIES DRIVE 02980 USA
MANAGER	MARLENE C. LECA	51 WESTERN INDUSTRIAL DRIVE	

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

MARLENE C. LECA 51 WESTERN INDUSTRIAL DRIVE CRANSTON, RI 02921

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 23 Day of October, 2017 at 10:55:48 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>MARLENE LECA</u> Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$ 2007 - 2017 State of Rhode Island and Providence Plantations All Rights Reserved