SOS Filing Number: 201752190050 Date: 10/23/2017 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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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.

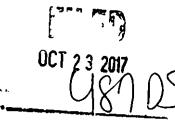
| | · | | | | | |
|---|------------------|---------------------------------------|----------------------------------|--|------------------------|--|
| Entity ID Number | | | | | | |
| 145849 | Toppa | Toppa & Toppa | | | | |
| 3. NAICS Code | | | | | | |
| 531120 | Real Estat | Real Estate Investment and Management | | | | |
| 5. State of Formation | _ | | | | | |
| Rhode Island | | | | | | |
| 6 Principal Office Address | | | City | State | Zıp | |
| 90 Randolph Way | | | Portsmouth | RI | 02871 | |
| 7. Mailing Address of Limited Li | ability Compan | y and Name or Tit | | | | |
| Contact Name Terrance S. Toppa | | | Contact Title Manager | | | |
| Street Address 90 Randolph Way | | | City Portsmouth | State RI | ^{Zip} 02871 | |
| 8. List ALL managers (names a | ind addresses) | of the Limited Lial | oility Company, IF APPLICAB | LE - DO NOT LIST I | MEMBERS | |
| Manager Name Terrance S. Toppa | | | Manager Name | | | |
| Street Address 90 Randolph Way | | | Street Address | | | |
| ^{City} Portsmouth | State RI | ^{Zıp} 02871 | City | State | Zip | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zıp | City | State | Zip | |
| | 1 | 1 | | Check the box to | indicate an attachment | |
| 9 Resident Agent in Rhode Isla | ind This informa | ation is currently of re | cord with the Department of Stat | e. Changes require filir | ng Form 642. | |
| Under penalty of perjury, I do statements, and that all state | | | | g any accompanyin | g schedules and | |
| Name of Authorized Person Date / | | | | | . / | |
| Signature of Authorized Bosses | | | | | | |
| Signature of Authorized Ferson | | | | | | |
| SIUN DOCUMENT PERE | | | | | | |
| | 7 | | | ······································ | | |

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri gov



ORM 632 - Revised: 08/2017