RI SOS Filing Number: 201752651920 Date: 10/31/2017 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

Annual Report for the year: _______ **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	2. Exact name of the Limited Liability Company				
681139	Torres Realty Holding Group, LLC				
3. NAICS Code 3 1 1 0 53 - Real Estate and Rental and	Brief description of the character of business conducted in Rhode Island Real Estate				
5. State of Formation	1				
Rhode Island					
6. Principal Office Address			City	State	Zip
149 Fairview Avenue			Cumberland	RI	02864
7. Mailing Address of Limited Lia	bility Compa	iny and Name o	r Title of Contact Person		
Contact Name Rafael Torres			Contact Title		
Street Address 149 Fairview Avenue			City Cumberland	State RI	Zip 02864
8. List ALL managers (names ar	nd addresses	s) of the Limited	Liability Company, IF APPLICAB	LE - DO NOT LIST	MEMBERS
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zıp	City	State	Zıp
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
· — — · · ·	L	I		Check the box to	indicate an attachment
9. Resident Agent in Rhode Islan	nd. This inform	nation is currently	of record with the Department of Stat	e Changes require fili	ng Form 642.
Under penalty of perjury, I dec statements, and that all staten			examined this report, including true and correct.	g any accompanyir	ng schedules and
Name of Authorized Person				Date	_
Rafael Torres 9-5-1					7)
Signature of Authorized Person SPGN 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

OCT 3 1 2017

BY Cu 316383