| State of Rhode Island and Providence Plantations  Department of State - Business Services Division  | 2017     |
|---|----------|
| Annual Report for the year: 2017 Limited Liability Company  | NOV -3   |
| <ul> <li>→ Filing period: September 1 - November 1</li> <li>→ Filing Fee: \$50.00</li> <li>→ Penalty: Additional \$25.00 fee if form is not filed by December 1.</li> </ul> | AH 0: VA |

|   |   |                                    |   |                | S                           |  |  |
|---|---|------------------------------------|---|----------------|-----------------------------|--|--|
| 1. Entity ID Number   | 2. Exact name of the Limited Liability Company                              |                                    |   |                |                             |  |  |
| 129208  | RED MUSTANG PROPERTIES, LLC   |                                    |   |                |                             |  |  |
| 2 MAICC Code  | 4 British wints of the character of hydrone and rated in Dhade Island       |                                    |   |                |                             |  |  |
| 3. NAICS Code   | 4. Brief description of the character of business conducted in Rhode Island |                                    |   |                |                             |  |  |
| 53 - Real Estate and Rental and   | REAL ESTATE MANAGEMENT  |                                    |   |                |                             |  |  |
| 5. State of Formation   | 1 - 11120   |                                    |   |                |                             |  |  |
| RHODE ISLAND  | 531130  |                                    |   |                |                             |  |  |
| 6. Principal Office Address   | <u></u>   | -:-                                | City  | State          | Zip                         |  |  |
| 728 VALLEY STREET   | •   |                                    |   | RI             | 02908                       |  |  |
| 720 VALLET STREET   |   |                                    | PROVIDENCE  |                | 02500                       |  |  |
| 7. Mailing Address of Limited Lia   | bility Company a  | nd Name or Title                   |   |                |                             |  |  |
| Contact Name D. JOSEPH D'AMICO  |   |                                    | Contact Title ATTORNEY                            |                |                             |  |  |
| Street Address 728 VALLEY STREET  |   |                                    | City PROVIDENCE                                   | State RI       | <sup>Zip</sup> <b>02908</b> |  |  |
| 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                         |  |  |
|   | 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 filing Form 642. |   |                                    |   |                |                             |  |  |
| Under penalty of perjury, I dec<br>statements, and that all staten  | lare and affirm t<br>ents contained   | hat I have exam<br>herein are true | ined this report, including any a<br>and correct. | accompanying s | chedules and                |  |  |
| Name of Authorized Person   |   |                                    |   | Date           |                             |  |  |
| D. JOSEPH D'AMICO   |   |                                    |   | 9-14.          | 17                          |  |  |
| Signature of Authorized Person SIGN 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

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