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the list of codes <u>here.</u> More info <u>531110</u> 4. Brief Description of the Ch		business conducted by the entit	
4. Brief Description of the Ch			y. Download
RENTAL PROPERTIES	aracter of the Business Which	h is Actually Conducted in Rho	ode Island
5. Principal Office Address			
No. and Street:25 CYNCity or Town:SEEKO	THIA ROAD <u>NK</u> State: <u>M</u>	<u>1A</u> Zip: <u>02771</u> Countr	ry: <u>USA</u>
6. Mailing Address of Limited	d Liability Company and Name	e or Title of Contact Person:	
No. and Street: <u>25 CYN</u>	ROSE Contact Title: THIA ROAD		
City or Town: <u>SEEKO</u>	<u>NK</u> State: <u>M</u>	<u>A</u> Zip: <u>02771</u> Countr	ry: <u>USA</u>
7. Name and Address of Eac DO NOT LIST MEMBERS	h Manager of the Limited Liat	bility Company, if Applicable.	
Title		Address	
MANAGER	Individual Name First, Middle, Last, Suffix	Address, City or Town, State, Zip C	

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

JASON AMBROSE, 20 WATER STREET WARREN, RI 02885

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

Signed this 13 Day of November, 2017 at 1:30:54 PM 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 JASON AMBROSE

Signature of Authorized Person

Form No. 632 Revised 09/07

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