



State of Rhode Island and Providence Plantations  
 Department of State - Business Services Division

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 CORPORATIONS DIV  
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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.

|  |       |  |                                |                       |                     |
|--|-------|--|--------------------------------|-----------------------|---------------------|
| 1. Entity ID Number<br><b>001004626</b>  |       | 2. Exact name of the Limited Liability Company<br><b>TP Rental Properties, LLC</b>                         |                                |                       |                     |
| 3. NAICS Code<br><b>531110</b>   |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>owner of real estate</b> |                                |                       |                     |
| 5. State of Formation<br><b>RI</b>   |       |  |                                |                       |                     |
| 6. Principal Office Address<br><b>81 MacArthur Blvd</b>  |       |  | City<br><b>Wakefield</b>       | State<br><b>RI</b>    | Zip<br><b>02879</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |       |  |                                |                       |                     |
| Contact Name<br><b>Daniel Pearce</b>   |       |  | Contact Title<br><b>Member</b> |                       |                     |
| Street Address<br><b>PO BOX, 17097</b>   |       |  | City<br><b>SMITHFIELD</b>      | State<br><b>RI</b>    | Zip<br><b>02917</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 <input type="checkbox"/>   |       |  |                                |                       |                     |
| 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 declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. |       |  |                                |                       |                     |
| Name of Authorized Person<br><b>Daniel Pearce</b>  |       |  |                                | Date<br><b>1-3-18</b> |                     |
| Signature of Authorized Person<br><i>[Signature]</i> <b>member</b>   |       |  |                                |                       |                     |

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**FILED**  
 JAN 03 2018  
 BY *[Signature]* 321071