| State of Rhode Island | | | | | | |
|--|----------------------------------|--|---|--|--|--|
| Department of State - Business Services Division | | | | | SEC. CO. | |
| Annual Report for the year: | | | | | RE TAN | |
| Limited Liability Company | | | | | - 1 - 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | |
| → Filing period: September 1 - November 1 | | | | | ω Ξ-< | |
| → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by December 1. | | | | | - 19 3511 | |
| → Penalty: Additional \$25,0 | Ofee if form is | s not filed by De | cember 1. | | <u>∵</u> 95 | |
| . Entity ID Number | 2. Exact na | 2. Exact name of the Limited Liability Company | | | | |
| 001004626 | ITP | TP Rental Properties, LLC 4. Brief description of the character of business conducted in Rhode Island | | | | |
| . NAICS Code | | | | | | |
| 331110 | DW. | ver ot | realestate | | | |
| . State of Formation | 7 | | | | | |
| RI | | | | | | |
| . Principal Office Address | | · · · · · · · · · · · · · · · · · · · | City | State | Zip | |
| 81 Mac Arthur Blus | | | Wakefield | AI. | 02879 | |
| . Mailing Address of Limited L | | ny and Name or | | | | |
| iontact Name Danie) Pea | | | Contact Title Memhor | | | |
| Danie) Pearle Street Address 1080x 17047 | | | city smithfield, | State | Zip 02417 | |
| 3. List ALL managers (names | and addresses | s) of the Limited | Liability Company, IF APPLICABLE | E - DO NOT LIST N | MEMBERS | |
| lanager 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 | |
| | | <u> </u> | | Check the box to | indicate an attachment | |
| 3. Resident Agent in Rhode Is | land. This infor | mation is currently | of record with the Department of State | | | |
| Under penalty of perjury, I distance that all statements, and that all statements. | leclare and aft tements conti | firm that I have lined herein are | examined this report, including true and correct. | any accompanyir | ng schedules and | |
| | | | | | | |
| Daniel Pearce Signature of Authorized Person Men her | | | | | 18 | |
| Signature of Authorized Person | 00 | | | ······································ | | |
| | menter | - | | | | |
| | | | · | | | |

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