RI SOS Filing Number: 201862682830 Date: 4/23/2018 4:00:00 PM



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2018

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 001336270		2. Exact name of the limited liability company International Property Investment & Management LLC (921)90				
3. State of Formation Delaware		Brief description of the character of business conducted in Rhode Island Property Management				
5. Principal office address One Richmond Squar	nre, STE 125B		City Providence	State Ri	Zip 02906	
6. MAILING ADDRESS OF L	IMITED LIABILIT	COMPANY AND NA	ME OR TITLE OF CONTACT F	ERSON:		
Contact Name Registered Agent Inc			Contact Title Company			
Street Address One Richmond Square, STE 125B			City Providence	State RI	Zip 02906	
7. LIST <u>ALL</u> MANAGERS (N ("X" BOX FOR ATTACHM	AMES AND ADDI	RESSES) OF THE LIN	MITED LIABILITY COMPANY, II	FAPPLICABLE - DO	NOT LIST MEMBER	
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	
B. RESIDENT AGENT IN RHI	ODE ISLAND					
This information is automatic	of record in the	Office of the Secreta	ry of State. Changes require	iling Form 642.		

FILED
APR 2 3 2018

File Date	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statement and that all statements contained herein are true and correct.		
Check No	7 Mins	4/18/1	
Ву:	Signature of Authorized Person	Date	
FOR SECRETARY OF STATE USE ONLY	John Miao		
TON SECRETARY OF STATE USE UNLY	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012