

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

Filling 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 | | | LC (| (921190) | |
|--|---|----------------------|------------------------------------|--------------------|---------------------------------------|--|
| 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 | office address hmond Square, STE 125B | | City Providence | State RI | Zip 02906 | |
| 6. MAILING ADDRESS OF L | MITED LIABILIT | COMPANY AND NA | AME OR TITLE OF CONTACT PER | RSON: | · · · · · · · · · · · · · · · · · · · | |
| Contact Name Registered Agent Inc | | | Contact Title Company | | | |
| reet Address One Richmond Square, STE 125B | | | City Providence | State Ri | Zip 02906 | |
| 7. LIST <u>ALL</u> MANAGERS (N. ("X" BOX FOR ATTACHMI | | RESSES) OF THE LI | MITED LIABILITY COMPANY, IF A | PPLICABLE - 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 | |
| 8. RESIDENT AGENT IN RHO | DDE ISLAND | 1 | | | | |
| This information is currently | of record in the | Office of the Secret | ary of State. Changes require fili | no Form 642 | | |

FILED
APR 2 3 2018

| File Date | Under penalty of perjury, it 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. | | |
|---------------------------------|---|---------|--|
| Check No | 2 Mins | 4/18/18 | |
| Ву: | Signature of Authorized Person | Date | |
| FOR SECRETARY OF STATE USE ONLY | John Miao | | |
| FOR SECRETARY OF STATE USE UNLY | Print or Type Name of Authorized Person | | |

Form No. 632 Revised: 01/2012