, <b></b> .	and Providence Plantations	es Division	-	
Annual Report for the y Limited Liability Compa  → Filing period: September  → Filing Fee: \$50.00  → Penalty: Additional \$25.00	year: <u>2018</u> any 1 - November 1		-	SECRETARY OF CORPORALION PM
1. Entity ID Number	2. Exact name of the Limited	- 000 B		
00/676 (60	IntropidR	£ ₹		
3. NAICS Code	4. Brief description of the cha-	racter of business conducted in Rho	ode Island	
531390	RealEchi	Investment		
5. State of Formation	1100	investment		
RI				
6. Principal Office Address	<del></del>	City	State	Zip
61 Luille St.	Ast. 2	Providence	127	02908
7. Mailing Address of Limited Lia	ibility Company and Name or Ti	tle of Contact Person		
Contact Name Stephen M. R	erchan	Contact Title Newser		
Street Address 61 Lucille St.	Apt. Z	City considerce	State 7	02908
8. List ALL managers (names a	nd addresses) of the Limited Lia	ability Company, IF APPLICABLE -	DO NOT LIST	MEMBERS

Stephen M. Revehan			Men ser	Menses			
Street Address 6   Cucille St. Apt. 2		City Considercy	State 7	2908			
8. List ALL manage	ers (names and addresse	s) of the Limited	Liability Company, IF APPLICAB	LE - DO NOT LIST	MEMBERS		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
			<del></del>		indicate an attachme	ent 🔲	
			of record with the Department of Sta				
Under penalty of p statements, and th	erjury, I declare and aff nat all statements conta	irm that I have ined herein are	examined this report, including true and correct.	g any accompany	ng schedules and		
Name of Authorized	Person M. Zerel	ran		Date 8-1	7-18		
Signature of Authori	ized Person	, 447	Na Constitution Constitute Dis				

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

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AUG 17 2018

RWBV MJ