|  | State of Rhode Island and Providence Plantations  |          |
|--|---|----------|
|  | State of Rhode Island and Providence Plantations <b>Department of State - Business Services</b> | Division |

R. TARIAS

Annual Report for the year: 2018 **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.

| Entity ID Number   | 2 Evact name   | of the Limited Lie | hilib. Company       | <del>-</del>      |                           |  |  |  |
|--|--|--------------------|----------------------|-------------------|---------------------------|--|--|--|
| The Endey 12 Maribon   | 2. Exact name of the Limited Liability Company                           |                    |                      |                   |                           |  |  |  |
| 90371  | WOONSOCKET REALTY, LLC   |                    |                      |                   |                           |  |  |  |
| 3. NAICS Code  | Brief description of the character of business conducted in Rhode Island |                    |                      |                   |                           |  |  |  |
| 531120   | ownership and development of real estate and any other lawful purpose    |                    |                      |                   |                           |  |  |  |
| 5. State of Formation  | (Whership and development of real estate and any other lawral purpose    |                    |                      |                   |                           |  |  |  |
| Rhode Island   |  |                    |                      |                   |                           |  |  |  |
| 6. Principal Office Address  | <u> </u>   |                    | City                 | Tours             |                           |  |  |  |
| 308 Cumberland Street  |  |                    | Woonsocket           | State<br>RI       | Zip<br>02895-0000         |  |  |  |
|  |  |                    |                      |                   | W2095 0000                |  |  |  |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |  |                    |                      |                   |                           |  |  |  |
| Contact Name Abilio Raposo   |  |                    | Contact Title Member |                   |                           |  |  |  |
| Street Address   |  |                    |                      |                   |                           |  |  |  |
| 308 Cumberland Street  |  |                    | Woonsocket           | StateRI           | <sup>Zip</sup> 02895-0000 |  |  |  |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS   |  |                    |                      |                   |                           |  |  |  |
| Manager Name<br>N/A  |  |                    | Manager Name         |                   |                           |  |  |  |
| Street Address   |  |                    | Street Address       |                   |                           |  |  |  |
| City   | State  | Zip                | City                 | State             | Zip                       |  |  |  |
| Manager Name   |  |                    | Menager Name         |                   |                           |  |  |  |
| Street Address   |  |                    | Street Address       |                   |                           |  |  |  |
| City   | State  | Zip                | City                 | State             | Zip                       |  |  |  |
|  |  |                    | Che                  | ck the box to inc | dicate an attachment      |  |  |  |
| 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 Date   |  |                    |                      |                   |                           |  |  |  |
| Abilio Raposo  |  |                    | Member               | 09                | 0/04/2018                 |  |  |  |
| Signature of Authorized Person SIGN DOCUMENT HERE  |  |                    |                      |                   |                           |  |  |  |

MAIL TO:

**Division of Business Services** 

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

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

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