| Si Si  | tate of Rhode Island and Providen  |                                     |
|--|--|-------------------------------------|
|  | Office of the Secretary of S   |                                     |
|  | Division Of Business Service<br>148 W. River Street  | 28                                  |
| HOPE   | Providence RI 02904-2615<br>(401) 222-3040   | 5                                   |
| Limited Liability Com<br>Annual Report<br>Filing Period: September 1 -   |  |                                     |
| In accordance with R.I.G.L.  | 7-16-66(d), each limited liability company fail<br>in thirty (30) days after the time prescribed by  |                                     |
| ANNUAL REPORT YEAR:  | <u>2018</u>  |                                     |
| <b>1. ID No.</b> <u>001672376</u>  | <u>5</u>   |                                     |
| 2. Exact Name of the Lir   | mited Liability Company <u>3964 Main LLC</u>   | <u>.</u>                            |
| 3. State of Formation  |  |                                     |
| State: <u>RI</u>   |  |                                     |
|  | ARTICLE III  |                                     |
| -  | Code that best describes the primary busines e information on <u>NAICS</u> can be found online.  | s conducted by the entity. Download |
| 4 Priof Description of the   | - Character of the Business Which is Ast   | ually Conducted in Dhede Joland     |
| 4. Bhei Description of the   | e Character of the Business Which is Actu  | dany Conducted in Knode Island      |
| REAL ESTATE  |  |                                     |
| 5. Principal Office Addres   | SS   |                                     |
| No. and Street: 39   | 9 <u>48 MAIN RD</u><br>IVERTON State: <u>RI</u> Zip:   |                                     |
|  | $\underline{\mathbf{WERTON}}$ State. $\underline{\mathbf{KI}}$ $\mathbf{Zp}$ .   | <u>02878</u> Country: <u>USA</u>    |
| City or Town: <u>TI</u>  | nited Liability Company and Name or Title  |                                     |
| City or Town: TI<br>6. Mailing Address of Lin<br>Contact Name: JAMES E   |  |                                     |
| City or Town: <u>TI</u><br>6. Mailing Address of Lin<br>Contact Name: <u>JAMES E</u><br>No. and Street: <u>3944</u>                                    | nited Liability Company and Name or Title<br><u>E HOLLAND</u> Contact Title:<br><u>8 MAIN ROAD</u>   |                                     |
| City or Town: <u>TI</u><br><b>6. Mailing Address of Lin</b><br>Contact Name: <u>JAMES E</u><br>No. and Street: <u>394</u><br>City or Town: <u>TIVE</u> | nited Liability Company and Name or Title<br><u>E HOLLAND</u> Contact Title:<br><u>8 MAIN ROAD</u><br><u>ERTON</u> State: <u>RI</u> Zip<br>Each Manager of the Limited Liability Co                        | e of Contact Person:                |
| City or Town: TI   6. Mailing Address of Line   Contact Name: JAMES E   No. and Street: 3944   City or Town: TIVE   7. Name and Address of             | nited Liability Company and Name or Title<br><u>HOLLAND</u> Contact Title:<br><u>8 MAIN ROAD</u><br><u>ERTON</u> State: <u>RI</u> Zip<br>Each Manager of the Limited Liability Co<br>RS<br>Individual Name | e of Contact Person:                |

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

DAVID T. RIEDEL, ESQ. ONE CITIZENS PLAZA 8TH FLOOR PROVIDENCE , RI 02903

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 30 Day of August, 2018 at 7:35:49 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

## By JEREMIAH E HOLLAND

Signature of Authorized Person

Form No. 632 Revised 09/07

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