RI SOS Filing Number: 201876408190 Date: 8/31/2018 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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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.

| 1. Entity ID Number 154946 | 2. Exact name of the Limited Liability Company HIGGINSON REALTY, LLC | | | | | |
|---|---|---------------------------------------|--|-------------------------------|------------------------|--|
| 3. NAICS Code 531120 | Brief description of the character of business conducted in Rhode Island RENTAL REAL ESTATE | | | | | |
| 5. State of Formation RHODE ISLAND | | | | | | |
| 6. Principal Office Address 150 HIGGINSON AVENUE | | | City LINCOLN | State RI | Zip 02865 | |
| 7. Mailing Address of Limited Li | ability Compa | any and Name o | or Title of Contact Person | | | |
| Contact Name ROBERT B. DISCUILLO, JR | | | Contact Title MANAGING | Contact Title MANAGING MEMBER | | |
| Street Address 150 HIGGINSON AVENUE | | | City LINCOLN | State RI | ^{Zip} 02865 | |
| 8. List ALL managers (names a | and addresse | s) of the Limited | d Liability Company, IF APPLICA | BLE - DO NOT LIST | MEMBERS | |
| Manager Name | | | Manager Name | Manager Name | | |
| Street Address | | | Street Address | Street Address | | |
| City | State | Zıp | City | State | Zip | |
| Manager Name | | | Manager Name | Manager Name | | |
| Street Address | | | Street Address | Streat Address | | |
| City | State | Zip | City | State | Žip | |
| | <u> </u> | · · · · · · · · · · · · · · · · · · · | -· | Check the box to | indicate an attachment | |
| 9. Resident Agent in Rhode Isla | nd. This infor | nation is currently | of record with the Department of Si | tate. Changes require fili | ng Form 642. | |
| Under penalty of perjury, I de statements, and that all state | clare and aff ments conta | irm that I have ined herein are | examined this report, includi e true and correct. | ng any accompanyir | ng schedules and | |
| Name of Authorized Person ROBERT B. DISCUILLO, JR | | | | Date 8-28-18 | | |
| Signature of Authorized Person | will | SiC | IN DOCUMENT HERE | | | |
| | (| | | | . • | |

MAIL TO:

Division of Business Services

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

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

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