RI SOS Filing Number: 201877009990 Date: 9/5/2018 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

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.

4. Brief description of the character of business conducted in Rhode Island to own and lease real property 5. State of Formation RI 6. Principal Office Address 6. Principal Office Address 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person 7. Contact Name 7. Analting Address of Limited Liability Company and Name or Title of Contact Person 7. Contact Name 8. City Middletown 8. State RI 8. City Manager Name 8. Street Address 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. 1. Only 1. State RI 1. Including any accompanying schedules and statements contained herein are true and correct. 1. Name of Authorized Person	1. Entity ID Number	2. Exact nar	2. Exact name of the Limited Liability Company Rego Portsmouth Properties, LLC				
to own and lease real property State of Formation RI Principal Office Address Maritime Dr. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Antonio Rego City Middletown State RI Zip 02871 City Middletown State RI Zip 02871 State RI Zip 02871 State Address 1 Maritime Dr. Street Address 2 Manager Name Manager Name Street Address Street Address Street Address City State Zip City State Zip City State Zip Check the box to indicate an attachmen 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 Antonio Rego Street Address Street Address Date Balance of Authorized Person Antonio Rego Street Address Street Address Date Balance of Authorized Person Antonio Rego Street Address Date Balance of Authorized Person Antonio Rego Street Address of Authorized Person Antonio Rego	1661074	_					
State of Formation RI Puncipal Office Address Maritime Dr. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Antonio Rego City Middletown State Ri Zip 02871 City Middletown State Ri Zip 02871 City Middletown State Ri Zip 02871 State Address Annager Name Manager Name Street Address Street Address Street Address Street Address City State Zip City State Zip City State Zip Check the box to indicate an attachmen 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filting 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. Date 8-38-/8 Street Address Date 8-38-/8 Street Address Obate Character Ri City State City State Zip Check the box to indicate an attachmen 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. Street Address City State Statements contained herein are true and correct. Date 8-38-/8	3. NAICS Code	4. Brief des	4. Brief description of the character of business conducted in Rhode Island				
City Portsmouth RI Zip 02871 Maritime Dr. Contact Title Member Street Address 1 Maritime Dr. City Middletown State RI Zip 02871 Street Address 2 Manager Name Manager Name Street Address Stree	237210	to own and	to own and lease real property				
City Portsmouth Ri Zip 02871 Maritime Dr. Contact Person Contact Name Antonio Rego Street Address 1 Maritime Dr. City Middletown State Ri Zip 02871 3. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS Manager Name Manager Name Street Address City State Zip City State Zip City State Zip Manager Name Manager Name Manager Name Street Address City State Zip City State Zip City State Zip Check the box to indicate an attachmen 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. Singular of Authorized Person Antonio Rego Singular of Authorized Person Part Address City Date State Singular of Authorized Person Part Address City Date State Singular of Authorized Person Part Address Check the box to indicate an attachment of State Changes require filing Form 642. Check the Dox to indicate and attachment of State Changes require filing Form 642. Check the Dox to indicate and attachment of State Changes require filing Form 642. Check the Dox to indicate and attachment of State Changes require filing Form 642. Check the Dox to indicate and attachment of State Changes require filing Form 642. Check the Dox to indicate and attachment of State Changes require filing Form 642. Check the Dox to indicate and attachment of State Changes require filing Form 642. Check the Dox to indicate and attachment of State Changes require filing Form 642. Check the Dox to indicate and attachment of State Changes require filing Form 642. Check the Dox to indicate and attachment of State Changes require filing Form 642.	5. State of Formation						
Maritime Dr. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Antonio Rego Street Address 1 Maritime Dr. City Middletown State Ri Zip 02871 City Middletown State Ri Zip 02871 State Ri Zip 02871 City Middletown State Ri Zip 02871 City Manager Name Street Address Street Address City State Zip City State Zip City State Zip City State Zip Check the box to indicate an attachmen 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 perfury, 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 Signature of Authorized Person	RI						
Maritime Dr. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Antonio Rego Crity Middletown State Ri Zip 02871 Crity Middletown State Ri Zip 02871 State Ri Zip 02871 State Ri Zip 02871 State Address Manager Name Street Address Street Address City State Zip City State Zip Manager Name Street Address City State Zip Check the box to indicate an attachmen 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 Antonio Rego Signature of Authorized Person	5. Principal Office Address			City	State	Zip	
Contact Name Antonio Rego Contact Title Member City Middletown State Ri Zip 02871 State Ri Zip 02871 State Ri Street Address (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS Manager Name Manager Name Street Address City State Zip City State Zip Manager Name Street Address City State Zip City State Zip Check the box to indicate an attachment 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 Antonio Rego Signature of Authorized Person Antonio Rego	1 Maritime Dr.			Portsmouth	RI	02871	
Street Address 1 Maritime Dr. City Middletown State Ri Zip 02871 State Ri List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS Manager Name Manager Name Street Address City State Zip City State Zip Manager Name Street Address City State Zip City State Zip Check the box to indicate an attachment of State ments on tained herein are true and correct. Name of Authorized Person Antonio Rego Signature of Authorized Person Attonio Rego	7. Mailing Address of Limite	d Liability Compa	ny and Name or	Title of Contact Person			
As List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS Manager Name Street Address City State Zip City State Zip Manager Name Manager Name Street Address City State Zip City State Zip Check the box to indicate an attachment 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 Antonio Rego	Contact Name Antonio Rego			Contact Title Member			
Manager Name Street Address City State Zip City Manager Name Manager Name Manager Name Manager Name Street Address Street Address City State Zip City State Zip Check the box to indicate an attachmen Check the box to indicate an attachmen Check the box to indicate an attachmen 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 Antonio Rego	Street Address 1 Maritime Dr.			City Middletown	State RI	^{Zip} 02871	
Manager Name Street Address City State Zip City Manager Name Manager Name Manager Name Manager Name Street Address Street Address City State Zip City State Zip Check the box to indicate an attachmen Check the box to indicate an attachmen Check the box to indicate an attachmen 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 Antonio Rego	8. List ALL managers (nam	nes and addresses) of the Limited	Liability Company, IF APPLICAR	BLE - DO NOT LIST	MEMBERS	
City State Zip City State Zip Manager Name Street Address Street Address City State Zip City State Zip Check the box to indicate an attachmen 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 Antonio Rego Signature of Authorized Person	Manager Name			Manager Name			
Manager Name Manager Name Street Address City State Zip Check the box to indicate an attachmen 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 Antonio Rego Signature of Authorized Person	Street Address			Street Address			
Street Address City State Zip Check the box to indicate an attachmen 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 Antonio Rego Signature of Authorized Person	City	State	Zip	City	State	Zip	
City State Zip Check the box to indicate an attachment 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 Antonio Rego Signature of Authorized Person	Manager Name			Manager Name			
Check the box to indicate an attachmen 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 Antonio Rego Signature of Authorized Person	Street Address			Street Address			
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 **Antonio Rego** **Signature of Authorized Person** **The Department of State. Changes require filing Form 642. **Date of Authorized Person** **The Department of State. Changes require filing Form 642. **Date of Authorized Person** **The Department of State. Changes require filing Form 642. **Date of Authorized Person** **The Department of State. Changes require filing Form 642. **Date of Authorized Person** **The Department of State. Changes require filing Form 642. **Date of Authorized Person** **The Department of State. Changes require filing Form 642. **Date of Authorized Person** **The Department of Authorized Person** **The De	City	State	Zip	City	State	Zip	
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 **Antonio Rego** **Signature of Authorized Person** **The Department of State. Changes require filing Form 642. **Date of Authorized Person** **The Department of State. Changes require filing Form 642. **Date of Authorized Person** **The Department of State. Changes require filing Form 642. **Date of Authorized Person** **The Department of State. Changes require filing Form 642. **Date of Authorized Person** **The Department of State. Changes require filing Form 642. **Date of Authorized Person** **The Department of State. Changes require filing Form 642. **Date of Authorized Person** **The Department of Authorized Person** **The De					Check the box to	indicate an attachment	
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 Antonio Rego Signature of Authorized Person	O. Basidant Agent in Phode	a leland. This inform	nation is currently	of record with the Department of St			
Name of Authorized Person Antonio Rego Signature of Authorized Person	Jinder penalty of perium	I declare and aff	irm that I have	examined this report, includir	ng any accompanyl	ng schedules and	
Name of Authorized Person 8-28-/8 Signature of Authorized Person	statements, and that all s	tatements conta	ined here!n are	true and correct.			
Signature of Authorized Person	Name of Authorized Perso	n					
Signature of Authorized Person SIGN DOCUMENT HERE	Antonio Rego				8-78-18		
SIGN DOCONER LIENT	Signature of Authorized Pe	erson	7 017	EN DOCUMENT HERE			
			4-n=1	SN 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 SEP 0 5 2018

BY