ľ Š	State of Rhode Island and Pro Office of the Secreta		IS Fee: \$50.00
	Division Of Business 148 W. River S	treet	
HOPE	Providence RI 029 (401) 222-30		
Limited Liability Con Annual Report Filing Period: September 1			
	. 7-16-66(d), each limited liability com in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR	: <u>2018</u>		
1. ID No. <u>00079567</u>	3		
2. Exact Name of the L	imited Liability Company MODE	N PROPERTIES, LLO	<u>c</u>
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
	Code that best describes the primary re information on <u>NAICS</u> can be found	-	he entity. Download
<u>531110</u>			
4. Brief Description of th	ne Character of the Business Whicl	n is Actually Conducted	d in Rhode Island
	ne Character of the Business Which	·	d in Rhode Island
	GE REAL ESTATE HOLDINGS.	·	d in Rhode Island
TO OWN AND MANA 5. Principal Office Addre No. and Street: <u>18 C</u>	AGE REAL ESTATE HOLDINGS. ess COUNTRY HILL LANE	·	d in Rhode Island Country: <u>USA</u>
TO OWN AND MANA         5. Principal Office Address         No. and Street:       18 C         City or Town:       SMI	AGE REAL ESTATE HOLDINGS. ess COUNTRY HILL LANE	ate: <u>RI</u> Zip: <u>02917</u>	Country: <u>USA</u>
TO OWN AND MANA         5. Principal Office Address         No. and Street:       18 C         City or Town:       SMIT         6. Mailing Address of Lite         Contact Name:       ROB W         No. and Street:       18 C	AGE REAL ESTATE HOLDINGS. ess COUNTRY HILL LANE THFIELD St imited Liability Company and Name ODOGAZA Contact Title: OUNTRY HILL LANE	ate: <u>RI</u> Zip: <u>02917</u> e or Title of Contact Pe	Country: <u>USA</u> erson:
TO OWN AND MANA         5. Principal Office Addression         No. and Street:       18 C         City or Town:       SMIT         6. Mailing Address of Lite         No. and Street:       ROB W         No. and Street:       18 C         Contact Name:       ROB W         No. and Street:       18 C         City or Town:       SMIT	AGE REAL ESTATE HOLDINGS. ess COUNTRY HILL LANE THFIELD St imited Liability Company and Name ODOGAZA Contact Title: OUNTRY HILL LANE THFIELD Stat	ate: <u>RI</u> Zip: <u>02917</u> <b>e or Title of Contact Pe</b> e: <u>RI</u> Zip: <u>02917</u>	Country: <u>USA</u> erson: Country: <u>USA</u>
TO OWN AND MANA         5. Principal Office Addression         No. and Street:       18 C         City or Town:       SMIT         6. Mailing Address of Lite         No. and Street:       ROB W         No. and Street:       18 C         Contact Name:       ROB W         No. and Street:       18 C         City or Town:       SMIT	AGE REAL ESTATE HOLDINGS. ess COUNTRY HILL LANE THFIELD St imited Liability Company and Name ODOGAZA Contact Title: OUNTRY HILL LANE THFIELD Stat f Each Manager of the Limited Liab	ate: <u>RI</u> Zip: <u>02917</u> <b>e or Title of Contact Pe</b> e: <u>RI</u> Zip: <u>02917</u>	Country: <u>USA</u> erson: Country: <u>USA</u>
TO OWN AND MANA         5. Principal Office Address         No. and Street:       18 C         City or Town:       SMI         6. Mailing Address of Lite         Contact Name:       ROB W         No. and Street:       18 C         City or Town:       SMI         To Contact Name:       ROB W         No. and Street:       18 C         City or Town:       SMI	AGE REAL ESTATE HOLDINGS. ess COUNTRY HILL LANE THFIELD St imited Liability Company and Name ODOGAZA Contact Title: OUNTRY HILL LANE THFIELD Stat f Each Manager of the Limited Liab	ate: <u>RI</u> Zip: <u>02917</u> <b>e or Title of Contact Pe</b> e: <u>RI</u> Zip: <u>02917</u>	Country: <u>USA</u> erson: Country: <u>USA</u> icable.

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

ROBERT A. D'AMICO II 536 ATWELLS AVE. PROVIDENCE , RI 02909

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

**Signed this 10 Day of September, 2018 at 3:06:21 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 <u>ROB WODOGAZA</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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