	State of Rhode Island and Providence PlantationsFee: \$50.0Office of the Secretary of State
	Division Of Business Services
	148 W. River Street Providence RI 02904-2615
lugat	(401) 222-3040
AOPE	
Limited Liability Co Annual Report Filing Period: September	
	L. 7-16-66(d), each limited liability company failing or refusing
	thin thirty (30) days after the time prescribed by law (R.I.G.L. 7-
ANNUAL REPORT YEA	R : <u>2018</u>
1. ID No. <u>0016788</u>	<u>37</u>
2. Exact Name of the	Limited Liability Company Lenra Property Management LLC
3. State of Formation	
State: <u>RI</u>	
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the list of codes <u>here.</u> M	S Code that best describes the primary business conducted by the entity. Download
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the list of codes here. M <u>531110</u> 4. Brief Description of <u>PROPERTY LEASIN</u> 5. Principal Office Add No. and Street: <u>55 N</u> City or Town: <u>WAI</u> 6. Mailing Address of Contact Name: <u>RACH</u> No. and Street: <u>55 N</u> City or Town: <u>WAR</u> 7. Name and Address	S Code that best describes the primary business conducted by the entity. Download ore information on NAICS can be found online. the Character of the Business Which is Actually Conducted in Rhode Island G AND MANAGEMENT. ress ORTH COBBLE HILL ROAD RWICK State: RI Zip: 02886 Country: USA Limited Liability Company and Name or Title of Contact Person: ELLE BREAULT Contact Title: MEMBER DRTH COBBLE HILL ROAD WICK State: RI Zip: 02886 Country: USA of Each Manager of the Limited Liability Company, if Applicable.

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

JONATHAN J FITTA 230B WASECA AVENUE BARRINGTON, RI 02806

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

Signed this 11 Day of September, 2018 at 4:19:42 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>JONATHAN J FITTA</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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