



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

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 <b>1667961</b>		2. Exact name of the Limited Liability Company <b>SKIMETRIX REAL ESTATE, LLC</b>			
3. NAICS Code <b>531390</b>		4. Brief description of the character of business conducted in Rhode Island <b>REAL ESTATE</b>			
5. State of Formation <b>RI</b>					
6. Principal Office Address <b>122 TOURO STREET</b>		City <b>NEWPORT</b>		State <b>RI</b>	Zip <b>02840</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
* Contact Name <b>RAY Fougere</b>		Contact Title <b>PRES</b>			
Street Address <b>222 RIVERSIDE DR</b>		City <b>TIVERTON</b>		State <b>RI</b>	Zip <b>02878</b>
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>-</b>		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
<b>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.</b>					
Name of Authorized Person <b>RAY Fougere</b>				Date <b>8.29.18</b>	
Signature of Authorized Person				SIGN 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 10 2018

BY

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FORM 632 - Revised: 10/2017