RI SOS Filing Number: 201877227330 Date: 9/10/2018 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 795118 | 2. Exact name of the Limited Liability Company LD PROPERTIES, LLC | | | | | |
|--|---|---------|--------------------------------|-------------|------------------------|--|
| 3. NAICS Code 531390 | Brief description of the character of business conducted in Rhode Island REAL ESTATE | | | | | |
| 5. State of Formation RI | | | | | | |
| 6. Principal Office Address 122 TOURO STREET | | | City NEWPORT | State RI | Zip 02840 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | |
| Contact Name TURNER C. SCOTT | | | Contact Title REGISTERED AGENT | | | |
| Street Address 122 TOURO STREET | | | City NEWPORT | State RI | Z _{ip} 02840 | |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | | |
| Manager Name Do U. D. W. BUHP (Tipld | | | Manager Name | | | |
| Street Address PO RX 928590 | | | Street Address | | | |
| City SanDIEGO | State CA | 2192199 | City | State | Zip | |
| Manager Name J | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| Check the box to indicate an atta | | | | | indicate an attachment | |
| 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 JOANN CARLSON-KLEIN | | | | Date Aug | Date ANGUST 30 2018 | |
| Signature of Authorized Person Sol DOCUMENT HERE MAGUE OF THE PROPERTY OF TH | | | | | | |
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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 1 0 2018

FORM 632 - Revised: 10/2017