State of Rhode Island and Providence Plantations Office of the Secretary of State Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040 Imited Liability Company Annual Report Filing Period: September 1 - November 1 In accordance with R.I. G.L. 7-16-66(Re.0) each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (RI.G.L. 7- 16-66(Re.0) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2018 1. ID No. 000314197 2. Exact Name of the Limited Liability Company RPL REFERRALS, LLC 3. State of Formation State: RI State: RI ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. State: RI State: RI <th></th> <th></th> <th></th> <th></th>					
148 W. River Street Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to lile its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2018 1. ID No. 000314197 2. Exact Name of the Limited Liability Company RPL REFERRALS, LLC 3. State of Formation State: RI ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online. 531390 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island REAL ESTATE REFERALS 5. Principal Office Address No. and Street: 1080 MAIN STREET City or Town: Zin: ATTORNEY No. and Street: 1080 MAIN STREET City or Town: Country: USA Contact Name: JOHN H. MCCANN Contact Title: ATTORNEY No. and Street: 1080 MAIN STREET City or Town: Zin: Octavity Colspan, if Applicable. Ontact Name: JOHN H. MCCANN Contact Title: ATTORNEY No. and Street: 1080 MAIN STREET City or Town:	s s			Fee: \$50.00	
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7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name	No. and Street: 108	0 MAIN STREET	<u>Y</u>		
DO NOT LIST MEMBERS Title Individual Name Address	City or Town: PAV	VTUCKET State: F	<u>RI</u> Zip: <u>02860</u> Co	untry: <u>USA</u>	
First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country	Title	Individual Name	Address		
		First, Middle, Last, Suffix	Address, City or Town, State,	Zip Code, Country	
	O. ALGIDENT AGENT IN	RHODE ISLAND - DO NOT ALTER			

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

JOHN H. MCCANN 1080 MAIN STREET PAWTUCKET, RI 02860

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

Signed this 17 Day of September, 2018 at 2:08:37 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>SALLY E. LAPIDES</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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