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FOR SECRETARY OF STATE USE ONLY

148 W. River Street Providence, RI 02904-2615 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR ______ 2018

Filing Period: September 1 - November 1 • Filing Fee: \$50.00° • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

*In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file 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.

eal estate hol	of the character of the busin	2. Exact name of the limited liability company Quonpro Properties, LLC			3. NAICS CODE 531312	
	ding company	ducted in Rhode Island		S. State of Formation Rhode Island		
6. Principal office address 600 Callahan Raod			City North Kingstown	State RI	Zip 02852	
7. MAILING ADDI Contact Name Steven H. Har		ILITY COMPANY AN	D NAME OR TITLE OF CONTACT P	ERSON:	 	
Street Address 600 Callahan Raod			City North Kingstown	State R1	2 <i>ip</i> 02852	
8. NAME AND ADI	DRESS OF EACH MANAC	GER OF THE LIMITE S BEFORE USING AT	D LIABILITY COMPANY, IF APPLIC TACHMENTS ("X" BOX FOR AT			
Manager Name	TIRE IN STACE	A DELANG GETTO WI	Manager Name	<u>ivenueul)</u>		
Street Address		Street Address				
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. RESIDENT AGE	NT IN RHODE ISLAND					
		fice of the Secretary of	State. Changes require filing of Form 64	2 – R.I.G.L. 7-16	5-11	
	O 2018 O 8 Phis report mu	st be executed by an o	authorized person pursuant to R.I.G.L	. 7-16-66 (b).		
File Daie			Under penalty of perjury, I decincluding any accompanying so contained herein are true and or	chedules and states		

Steven H. Harrall, Member

Print or Type Name of Authorized Person