RI SQS Filing Number: 201878461670 Date: 9/28/2018 4:00:00 PM

Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Title Contact Title Contact Title Contact Title City Aketreld State Zip 02879 List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS Manager Name Manager Name Street Address	i i	Island and Bravidans	a Clastations		_		
miled 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. Penalty: Additional \$25,00 fee if form is not filed by December 1. Penalty: Additional \$25,00 fee if form is not filed by December 1. Penalty: Additional \$25,00 fee if form is not filed by December 1. Penalty: Additional \$25,00 fee if form is not filed by December 1. Penalty: Additional \$25,00 fee if form is not filed by December 1. Penalty: Additional \$25,00 fee if form is not filed by December 1. Penalty: Additional \$25,00 fee if form is not filed by December 1. Penalty: Additional \$25,00 fee if form is not filed by December 1. Penalty: Additional \$25,00 fee if form is not filed by December 1. Penalty: Additional \$25,00 fee if form is not filed by December 1. Penalty: Additional \$25,00 fee if form is not filed by December 1. Penalty: Additional \$25,00 fee if form is not filed by December 1. Penalty: Additional \$25,00 fee if form is not filed by December 1. Penalty: Additional \$25,00 fee if form is not filed by December 1. Penalty: Additional \$25,00 fee if form is not filed by December 1. Penalty: Additional \$25,00 fee if form is not filed by December 1. Penalty: Additional \$25,00 fee if form is not filed by December 1. Penalty: Additional \$25,00 fee if form is not filed by December 1. Penalty: Additional \$25,00 fee if form is not filed by December 1. Penalty: Additional \$25,00 fee if form is not filed by December 1. Penalty: Additional \$25,00 fee if form is not filed by December 1. Penalty: Additional \$25,00 fee if form is not filed by December 1. Penalty: Additional \$25,00 fee if form is not filed by December 1. Penalty: Additional \$25,00 fee if form is not filed by December 1. Penalty: Additional \$25,00 fee if form is not filed by December 1. Penalty: Additional \$25,00 fee if form is not filed by December 1. Penalty: Additional \$25,00 fee if form is not filed by December 1. Penalty: Additional \$25,00 fee if form is not filed by De				ices Division		SEC CC 231	
inual Report for the year: 20/8 inited 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. 2 Exact name of the Limited Liability Company Bona Fide Properties LLL NAICS Code 4. Brief description of the character of business conducted in Rhode Island Real Estate City Wakefield RI D2879 Making Address 91 CNC Kadec LN Making Address of Limited Liability Company and Name or Title of Contact Person Contact Title State Zip D2879 List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS anager Name Inter Address If y State Zp City State Zip Check the box to indicate an attachmen Resident Agentlyn Rhode Island. This information is currently of record with the Department of State. Changers require filing Form 542. Inter Penalty of perjury, I declare and affirm that I have examined this report, Including any accompanying schedules and tatements, and that all statements contained herein are true and correct. Constituted Adulthorized Person Date Tony Peuter Contact Title Check the Dox to indicate an attachmen Check the box to indicate an attachmen Check the box to indicate an attachmen Check the box to indicate an attachmen attachments, and that all statements contained herein are true and correct. Care Adultonated Person Check the Dox to indicate and attachmen attachments, and that all statements contained herein are true and correct. Care Adultonated Person						A SE	
## State of Formation Principal Office Address State Sta	navel Basart for	the year: 2/	y C				
Filing period. September 1 - November 1 Filing Fee: \$50.00 Filing Fee: \$50.00 Featily: Additional \$25.00 fee if form is not filed by December 1. Page 50.59 Entity to Number 2. Exact name of the Limited Liability Company PSOS9 Bora Fide Properties LLC NAICS Code 4. Brief description of the character of business conducted in Rhode Island Real Estate Principal Office Address PI CANC Kadle LW Making Address of Limited Liability Company and Name or Title of Contact Person Contact Title Principal Office Address Pine I Address P	•					18 五公里	
Pring Fee \$50.00 Penalty: Additional \$25.00 fee if form is not filed by December 1. Pring Penalty: Additional \$25.00 fee if form is not filed by December 1. Pring ID Number Pring ID Office Address Pring ID Number Pring ID Office Address Pring I	1 *	• •	er 1			목 무워함	
Printy ID Number Printy ID Number 2. Exact name of the Limited Liability Company Bona Fide Properties LLC NAICS Code 4. Beef description of the character of business conducted in Rhode Island Real Estate City Wakefield RI 02879 Mailing Address of Limited Liability Company and Name or Title of Contact Person contact Name Contact Title City Wakefield State City Chick RI City Chick RI List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS anager Name Manager Name Manager Name Manager Name Iree: Address Street Address Av State Zip City State Zip City State Zip Cleck the box to indicate an attachmen Resident Agentyn Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. Indeer penalty of perjuny, I declare and affirm that I have examined this report, Including any accompanying schedules and tatements, and that all statements contained herein are true and correct. To Manager Plant Date 1040 9-25-IB Lindau Pressure Date Object Title Object Title Date Object Title Date Object Title Date Object Title Date Object Title Ob	→ Filing Fee: \$50.00	0				<u>ට පෙති</u>	
Entity ID Number 2. Exact name of the Limited Liability Company 95 0 59 1			s not filed by De	ecember 1.			
Real Estate A Brief description of the character of business conducted in Rhode Island Real Estate Principal Office Address 91 Chickade W Mailing Address of Limited Liability Company and Name or Title of Contact Person Ontact Name Contact Title City Wakefield Contact Title Contact Title City Wakefield Contact Title Contact Title Contact Title State Zip 02879 List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS anager Name Manager Name Iree: Address Street Address Street Address ity State Zip City State Zip Check the box to indicate an attachmen Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing form 642. Index penalty of perjury, I declare and affirm that I have examined this report, Including any accompanying schedules and laterments, and that all statements contained herein are true and correct. Index Plantific Person Date 9-25-18			me of the Limite	d Liability Company	· .=	2	
A. Brief description of the character of business conducted in Rhode Island Real Estate Principal Office Address 91 CMckadeLLN Making Address of Limited Liability Company and Name or Title of Contact Person Ontact Name Contact Title Contact Title City Wakefield RI 02579 Making Address of Limited Liability Company and Name or Title of Contact Person Ontact Name Contact Title City Wakefield State Zip 02579 List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS anager Name Manager Name Manager Name Iree: Address Street Address Street Address Street Address Street Address Street Address Street Address Amanager Name Manager Name Manager Name Check the box to indicate an attachmen Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 542. Index penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and tatements, and that all statements contained herein are true and correct. Date Onto Date 9-25-18	Partity ID Number						
State of Formation File Principal Office Address City State Zip OZS79 Mailing Address of Limited Liability Company and Name or Title of Contact Person Diante Contact Pitle Makefield RI OZS79 Mailing Address of Limited Liability Company and Name or Title of Contact Pitle Contact Pitle Contact Title City State Zip OZS79 List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS Manager Name Manager Name Manager Name Iree: Address Street Address Ity State Zip City State Zip Check the box to indicate an attachmen Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. Index penalty of perjury, I declare and affirm that I have examined this report, Including any accompanying schedules and laterments, and that all statements contained herein are true and correct. Igne of Authorized Person Date Date Possit One of Authorized Person Date One of Authorized Person Date Possit One of Authorized Person Date One of Authorized Person One of Authorized Person Date Date Date One of Authorized Person One of Authoriz	142024	A Rief description of the character of husiness conducted in Phode Island					
State of Formation Principal Office Address 91 Chickade IN Mailing Address of Limited Liability Company and Name or Title of Contact Person Indian Name John Plante Contact Title Co	<u> </u>	i		ialacter of pasifiess conducted in	Micoe Island		
Principal Office Address 91 Chick Address 92 Contact Title 93 Contact Title 94 Chick Address 95 City Wakefield State Zip 02879 96 Chick Address 96 City Wakefield State Zip 02879 97 Chick Address 96 City State Zip 02879 97 Chick Address 97 City State Zip 02879 97 City State Zip 02879 97 Chick Address 97 City State Zip 02879 97 Check the box to indicate an attachment of State Changes require fling Form 642. 97 Check the box to indicate an attachment of State Changes require fling Form 642. 97 Chick Address and that all statements contained herein are true and correct. 98 Changes require fling Form 642. 98 Changes require fling Form 642. 99 Cate Only Changes require fling Form 642. 90 Cate Only Changes require fling Form 642.	<u> </u>	Real	estate				
Maling Address of Limited Liability Company and Name or Title of Contact Person Contact Title Contact Title C							
Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Title State Zip 02899 List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS lanager Name Manager Name Street Address Check the box to indicate an attachmen Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. Indier penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and latements, and that all statements contained herein are true and correct. Some Plank Date 10-25-18	6. Principal Office Address			City			
Contact Title Contact Title City Active Character Char	91 Chickade	LIN		Wakeheld	KI	02879	
Tohn Plante reet Address List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS anager Name Manager Name Street Address Check the box to indicate an attachmen Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. Index penalty of perjury, I declare and affirm that I have examined this report, Including any accompanying schedules and latements, and that all statements contained herein are true and correct. Tohn Paule Only State Zip Zip Zip Zip Zip Zip Zip Address Street Address Street Address Street Address Street Address Date Operating Form 642. Index penalty of perjury, I declare and affirm that I have examined this report, Including any accompanying schedules and latements, and that all statements contained herein are true and correct. Date Operating OlAuthorized Person Date Operating OlAuthorized Person	Mailing Address of Lin	mited Liability Compa	ny and Name or	Title of Contact Person			
Treet Address List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS Manager Name Manager Name Street Address Street Address Manager Name Manager Name Manager Name Manager Name Manager Name Manager Name Manager Name Manager Name Manager Name City State Zip City State Zip City State Zip Check the box to indicate an attachmen Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. Index penalty of perjury, I declare and affirm that I have examined this report, Including any accompanying schedules and tatements, and that all statements contained herein are true and correct. Date 9-25-18	ontact Name John Pla	inte		Contact Title			
List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS lanager Name Manager Name Street Address Check the box to indicate an attachment of State. Changes require filing Form 642. Index penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and tatements, and that all statements contained herein are true and correct. Date 9-25-18	Thickage L	N		Wakefield	KI_	02879	
Street Address Street Address Street Address Street Address Manager Name Manager Name Street Address Street Address Street Address Check the box to indicate an attachmen Resident Agent in Rhode island. This information is currently of record with the Department of State. Changes require filing Form 642. Inder penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and tatements, and that all statements contained herein are true and correct. Iame of Authorized Person Date 9-25-18	. List ALL managers (r	names and addresses	s) of the Limited	Liability Company, IF APPLICABL	E - DO NOT LIST	MEMBERS	
State Zp City State Zip Inanager Name Manager Name Street Address Street Address Street Address Check the box to indicate an attachmen Check the box to indicate an attachmen Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. Indier penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and tatements, and that all statements contained herein are true and correct. State Zip Check the box to indicate an attachment discontained this report, including any accompanying schedules and tatements, and that all statements contained herein are true and correct. Some of Authorized Person Date 9-25-18	lanager Name			Manager Name			
Index penalty of perjury, I declare and affirm that I have examined this report, Including any accompanying schedules and tatements, and that all statements contained herein are true and correct. Date 10 10 10 10 10 10 10 1	Iree: Address			Street Address			
tree: Address Street Address Check the box to indicate an attachment. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. Inder penalty of perjury, I declare and affirm that I have examined this report, Including any accompanying schedules and tatements, and that all statements contained herein are true and correct. Iame of Authorized Person Date 9-25-18	ity	State	Ζp	City	State	Zip	
Check the box to indicate an attachment. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. Inder penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and tatements, and that all statements contained herein are true and correct. Iame of Authorized Person Date 9-25-18	lanager Name			Manager Name			
Check the box to indicate an attachmen. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. Inder penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and tatements, and that all statements contained herein are true and correct. Iame of Authorized Person Date 9-25-18	tree: Address			Street Address			
Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. Inder penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and tatements, and that all statements contained herein are true and correct. Date 9-25-18	ity	State	Zip	City	State	7ip	
Inder penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and latements, and that all statements contained herein are true and correct. John Paule 9-25-18 10 10 10 10 10 10 10	:				Check the box to	indicate an attachmen	
tatements, and that all statements contained herein are true and correct. John Paule 9-25-18 10 10 10 10 10 10 10							
John Paute John P	Inder penalty of perju	iry, I declare and aff	irm that I have	examined this report, including	any accompanyi	ng schedules and	
John Plante John Plante 9-25-18					Date		
ignature of Authorized Person SEGN DOCUMENT HERE	/ DI	ute			9-:	25-18	
	signature of Authorized	Person	883	NIDOCUMENT HERE			
	- (/ / / / / / / / / / / / / / / / / / 	w w		·			

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 28 2018

D:03

FORM 632 - Revised: 10/2017