RI SOS Filing Number: 201878420820 Date: 9/27/2018 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

Annual Report for the year: 2018 **Limited Liability Company**

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

| → Penalty: Additional \$2 | | s not med by b | ecember 1. | | | |
|---|---------------------|--|---|----------------------------|-----------------------|--|
| 1. Entity ID Number | i i | 2 Exact name of the Limited Liability Company | | | | |
| 92742 | Natio | National Olympic Realty, LLC | | | | |
| 3. NAICS Code | 4. Brief des | Brief description of the character of business conducted in Rhode Island | | | | |
| 531190 | Real Estat | Real Estate | | | | |
| 5. State of Formation | | | | | | |
| Rhode Island | | | | | | |
| 6. Principal Office Address | | | City | State | Zip | |
| 1880 Westminster Street | | | Providence | RI | 02908 | |
| 7. Mailing Address of Limite | d Liability Compa | iny and Name or | r Title of Contact Person | | | |
| Contact Name Constantinos Perdikakis | | | Contact Title | | | |
| Street Address 1880 Westminster Street | | | City Providence | State RI | ^{Zip} 02908 | |
| 8. List ALL managers (nam | es and addresses | s) of the Limited | Liability Company, IF APPLICAB | BLE - DO NOT LIST i | MEMBERS | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zıp | City | State | Zip | |
| Manager Name | | ········ | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| | | | | Check the box to | ndicate an attachment | |
| 9. Resident Agent in Rhode | Island. This inform | nation is currently | of record with the Department of Sta | te. Changes require filir | ng Form 642. | |
| Under penalty of perjury, statements, and that all st | | | examined this report, including true and correct. | g any accompanyin | g schedules and | |
| Name of Authorized Person | 1 | | | Date | 1 1 | |
| Constantinos Perdikakis | | | | 9 | 126/14 | |
| Signature of Authorized Per | rson | SI | DECUMENT SERF | | | |
| | | | | | | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

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