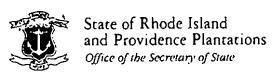
RI SOS Filing Number: 201878598970 Date: 10/1/2018 4:00:00 PM



A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222,3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR <u>2018</u>

Filing Period: September 1 - November 1 - Filing Fee: \$50.00

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.				
1. 11) No. 2. Exact name of the limited liability company.  91638 Slover Forest	enllo			
3 State of Formation  Rock Island Ownstolip &	the mestiness which is actually conducted in RE	real estate	531110	
5. Principal office address  135 Amaral Street  6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY	AND NAME OF TITLE OF CONTACT	State RI	®21980°	
Kirk Dexter	Contact Title Manage	Manager		
125 Amaral Street	East Pro	V. State RI	02915	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIM FILL IN SPACES BEFORE		PPLICABLE - <u>DO NOT L</u> FOR ATTACHMENT)	IST MEMBERS	
Kirk Dexter	Manager Nume			
125 Amaral Street	Street Address			
East Prov State RI 2117	915 cir	State	Zip	
Manager Name	Manager Name			
Street Address	Since Address			
City State Zip	City	State	Zıp	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Agent Name	R - Changes require filing of Form  Address	u 642 - R.I.G.L. 7-16-11		
Address	City	Zψ		
		<u></u>	<del></del>	
		FILE	~	
This report must be executed	by an authorized person pursuant to	OCT 01	2018	
•		BY 8	5'/ <u>US</u>	
	Under penalty of	perjury, I declare and affirm (I	hat I have examined this report.	
		companying schedules and stature true and correct.	ements, and that all statements.	
File Date	ا ا ا		1 \ _	
	KINK	<b>LYBYYES</b>	9 27 18	
Check No	Signifure of Autifor	rized Person	9 27  8 Date	