State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: <u>2018</u> **Limited 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.

1. Entity ID Number	2. Exact name of the Limited Liability Company				
000792830	AR HOMEOUNERS, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
53110	To or	en and	maintain prop	serty o	f the
RI	nomeowness				
6. Principal Office Address			City	State	Zip 02889
2000 librwick fre			WORWick	R1	OASTA
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Patie Turner			Contact Title  Phoseky Managel		
Street Address			City	State	Zip
2000 Warwick Ave			Marwick	1 KZ	02887
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name  Scoothamp			Manager Name		
Street Address 276 Autho Rd			Street Address		
Coventer	State RY	Zio 02816	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Person	Turie	<i>.</i>	Date 9/16/18		
Signature of Authorized Person  MUMIN Agent					

MAIL TO:

**Division of Business Services** 

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

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