RI SOS Filing Number: 201879629880 Date: 10/17/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 20 (8) 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.

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Entity ID Number 2. Exact name of the Limited Liability Company							
12 0026							
138720	The state of the s						
3, NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
531110	Acauiting, developing, owning						
State of Formation							
RI	<u> e0</u>	31ng,	motgaging	heal			
6, Principal Office Address	1		City	State	Zip		
388 WICKENDEN ST			PROVIDECE	RI	02903		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name			Contact Title Margaget				
Street Address ST			City PROVIDED	State +	z102903		
8 List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name J XA CPD			Manager Name				
Street Address 1 CKZNDZN ST			Street Address				
City PROVI dece	State 121	ZIP 02903	City	State	Zip		
Manager Name			Manager Name				
Street Address		Street Address					
City	State	Zıp	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	-1` YA	GAJ		Date (O	117/18		
Signature of Authorized Person							

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

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FORM 632 - Revised: 10/2017