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State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2018
Limited Liability Company

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

→ Filing period. September 1 - November 1

2018 OCT 3 I PM 12: 36

→ Filing Fee \$50 00

→ Penalty Additional \$25,00 fee if form is not filed by December 1.

| 1 Entity ID Number  | 2 Exactina                        | 2. Exact name of the Limited Liability Company                             |  |                      |                                 |  |
|---|-----------------------------------|--|--|----------------------|---------------------------------|--|
| 790234  | <b>I</b>                          | RET, LLC   |  |                      |                                 |  |
| 3 NAICS Code  | 4 Brief de:                       | 4 Brief description of the character of business conducted in Rhode Island |  |                      |                                 |  |
| 531110  | Resident                          | Residential Real Estate Rentals  |  |                      |                                 |  |
| 5 State of Formation  |                                   |  |  |                      |                                 |  |
| Rhode Island  |                                   |  |  |                      |                                 |  |
| 6 Principal Office Address                                  |                                   |  | City   | State                | Zıp                             |  |
| 165 Atwells Avenue  |                                   |  | Providence   | RI                   | 02903                           |  |
| 7 Mailing Address of Limited                                | d Liability Compa                 | any and Name o   |  |                      |                                 |  |
| Contact Name Peter Folse                                    |                                   |  | Contact Tifle Member                                 |                      |                                 |  |
| Street Address 61 Pinehurst Avenue                          |                                   |  | City North Providence                                | State RI             | <sup>Z<sub>1</sub>D</sup> 02908 |  |
| 8 List ALL managers (name                                   | es and addresse                   | s) of the Limited  | L ability Company, IF APPLICABLE                     | - DO NOT LIST I      | MEMBERS                         |  |
| Manager Name  |                                   |  | Manager Name   |                      |                                 |  |
| Street Address  |                                   |  | Street Address                                       |                      |                                 |  |
| City  | State                             | Zφ   | City   | Slate                | Zip                             |  |
| Manager Name  |                                   |  | Manager Name   |                      |                                 |  |
| Street Address  |                                   |  | Street Address                                       |                      |                                 |  |
| City  | State                             | Zip  | City   | State                | Zıp                             |  |
|   | _                                 |  |  | Theck the box to i   | ndicate an attachment           |  |
| 9 Resident Agent in Rhode                                   | Island This infor                 | nation is currently  | of record with the Department of State, C            | hanges require filtr | g Form 642                      |  |
| Under penalty of perjury, I<br>statements, and that all sta | declare and aff<br>atements conta | firm that I have<br>ined herein are  | examined this report, including an true and correct. | ny accompanyin       | g schedules and                 |  |
| Name of Authorized Person                                   | <del>-</del>                      |  |  | Date /               |                                 |  |
| Peter Folse, Member 19/2 4/15                               |                                   |  |  |                      | 15                              |  |
| Signature of Authorized Pers                                | son                               | C 1/21   | A ANNO RATE TO USE                                   | <del>- •</del> •     |                                 |  |
| Poto Mil  |                                   | 3!Ol   | N DOCUMENT HERE                                      |                      |                                 |  |
|   |                                   |  | <del></del>  |                      | 1                               |  |

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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FORM 632 - Revised: 08/2017