RI SOS Filing Number: 201880905070 Date: 11/5/2018 4:00:00 PM

| (DG) |
|------|
| |

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018
Limited Liability Company

- → Flling 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 | | | | |
|---------------------------------------|-------------------|--|--------------------------------------|---------------------------|------------------------|--|
| 000846736 | 1 | LANDED PARTNERS, LLC | | | | |
| 3. NAICS Code | | Brief description of the character of business conducted in Rhode Island Holding real estate | | | | |
| 531110 | Holding re | | | | | |
| 5. State of Formation | | | | | | |
| Rhode Island | | | | | | |
| 6. Principal Office Address | _1 | | City | State | Zip | |
| 194 Waterman | | | Providence | Ri | 02906 | |
| 7. Mailing Address of Limited L | iability Compa | ny and Name o | r Title of Contact Person | | | |
| Contact Name Francesco Scotti | | | Contact Title | | | |
| Street Address 194 Waterman, Suite 1B | | | City Providence | State Ri | ^{Zip} 02906 | |
| 8. List ALL managers (names | and addresse: | s) of the Limited | Liability Company, IF APPLICATE | BLE - DO NOT LIST | MEMBERS | |
| Menager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| | | | <u> </u> | Check the box to | indicate an attachment | |
| 9. Resident Agent in Rhode Is | land. This inforr | nation is currently | of record with the Department of Ste | ate. Changes require fili | ng Form 642. | |
| | eclare and afi | firm that I have | examined this report, including | | | |
| Name of Authorized Person | | | | Date | | |
| Francesco Scotti | | , | | | | |
| Signature of Authorized Perso | n | | | | | |
| Frances | | ≤ 3 | ्रास्त्राद्वार होते । जन्म | | | |

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

NOV 05 2018

FORM 632 - Revised: 10/2017