Office of the Secretary of State Division Of Business Services 148 W. River Street Providence RI 02004-2615 Colspan="2">Colspan="2" Colspan="2" Colspan="2" Colspan="2" Colspan="2" Colspan="2" Colspan="2" Colspan="2" Colspan="2" Colspan="2"					
I48 W. River Street Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Filing Forned: September 1 - November 1 In accordance with RI.5 L. 7-16-66(0.4) each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (RI.6.L.7- 16-66(06.6)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2018 1. ID No. 000158993 2. Exact Name of the Limited Liability Company SAVAS PROPERTIES, LLC 3. State of Formation State: RI State: RI ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on MAICS can be found online. 531190 A Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island REEL ESTATE State: RI Zip: 02842 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: DEREK SAVAS Contact Title: MEMBER No. and Street: PO BOX 4340 Citly or Town: MIDDLETOWN State: RI Zip: 02842 Country: USA A differes of Each Manager of the Limited Liability Company, If Applicable. DO NOT LIST MEMBERS <t< td=""><td>S</td><td></td><td></td><td>ations Fee: \$50.00</td></t<>	S			ations Fee: \$50.00	
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First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country					
	Title				
			Address, City of To	Jwn, State, Zip Code, Country	
6. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER	8. RESIDENT AGENT IN F	RHODE ISLAND - DO NOT ALT	ER		

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

BRIAN LAPLANTE, ESQ. 272 WEST EXCHANGE STREET PROVIDENCE , RI 02903

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 30 Day of November, 2018 at 3:21:34 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By DEREK SAVAS

Signature of Authorized Person

Form No. 632 Revised 09/07

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