



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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**Annual Report for the year: 2018**  
**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 <u>001661352</u>		2. Exact name of the Limited Liability Company <u>Storage Pros North Smithfield LLC</u>			
3. NAICS Code <u>531130</u>		4. Brief description of the character of business conducted in Rhode Island <u>Rental of Self-Storage Units</u>			
5. State of Formation <u>Michigan</u>					
6. Principal Office Address <u>30665 Northwestern Hwy <sup>STE</sup> 100</u>		City <u>Farmington Hills</u>	State <u>MI</u>	Zip <u>48334</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>Kim O'Connell</u>			Contact Title <u>Controller</u>		
Street Address <u>30665 Northwestern Hwy Ste 100</u>		City <u>Farmington Hills</u>	State <u>MI</u>	Zip <u>48334</u>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <u>David Levenfeld</u>		Manager Name <u>Ean Burstein</u>			
Street Address <u>30665 Northwestern Hwy Ste 100</u>		Street Address <u>30665 Northwestern Hwy Ste 100</u>			
City <u>Farmington Hills</u>	State <u>MI</u>	Zip <u>48334</u>	City <u>Farmington Hills</u>	State <u>MI</u>	Zip <u>48334</u>
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
<b>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.</b>					
Name of Authorized Person <u>Kim O'Connell</u>				Date <u>11/26/18</u>	
Signature of Authorized Person <u>[Signature]</u>		SIGN DOCUMENT HERE			

**FILED**

**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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