



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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2019 JAN 11 PM 2:12

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 506749 | | 2. Exact name of the Limited Liability Company RODRIGUES REALTY, LLC | | | |
| 3. NAICS Code 531309 | | 4. Brief description of the character of business conducted in Rhode Island REAL ESTATE - APARTMENTS | | | |
| 5. State of Formation RI | | | | | |
| 6. Principal Office Address 55 ORCHARD ST | | | City E. PROV | State RI | Zip 02914 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name KATHLEEN RODRIGUES | | | Contact Title OWNER | | |
| Street Address SAME AS ABOVE | | | City _____ | State _____ | Zip _____ |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager 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 _____ |
| 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 | | | | | |
| 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 KATHLEEN RODRIGUES | | | | Date 1-11-19 | |
| Signature of Authorized Person <i>Kathleen Rodrigues</i> | | | | | |

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

JAN 11 2019

BY *AB K 432D*