RI SOS Filing Number: 201985348330 Date: 1/28/2019 3:23:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

- Andrew						
Annual Report for the year: <u>3617</u> Limited Liability Company → Filing period: September 1 - November 1 → Filing Fee: \$50.00					SECRETARY CORPORAT	
→ Penalty: Additional \$25.00 fee if form is not filed by December 1.					P. OSP	
1. Entity ID Number	2. Exact na	me of the Limit		<u> </u>		
000139785	Year	hermanci	1V 22:			
3. NAICS Code	4. Brief des	cription of the c		. •		
531110	Pointal	Rental of Residential Real Estate d'Sales				
5. State of Formation	- Aprilia	·				
RI	i:					
6. Principal Office Address 2117 Robin Way CT			City f. /	State	Zip	
			Vienna	Un	22182	
7. Mailing Address of Limi	ited Liability Compa	ny and Name o	r Title of Contact Person		<u> </u>	
Contact Name	ic MARCI		Contact Title MEMber.			
Street Address	bin WAZ (IT.	City Vienna	State	Zip 22/82	
8. List ALL managers (na	imes and addresses	s) of the Limited	Liability Company, IF APPLICAE	LE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name		<u> </u>	Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zip	
		. •	<u>.</u> .	Check the box to	indicate an attachment	
9. Resident Agent in Rhoo	de Island. This inform	nation is currently	of record with the Department of Sta	te. Changes require fili	ng Form 642.	
Under penalty of perjury statements, and that all			examined this report, including true and correct.	g any accompanyir	ng schedules and	
Name of Authorized Person Date					1	
Signature of Authorized Person The Marie of Authorized Person The Marie of Authorized Person					118	
Signature of Authorized P	erson	NI .				
	minie /	Mari				

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 28 2019

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FORM 632 - Revised: 08/2016