



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 - Email: corporations@sos.ri.gov - Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2018

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.
 Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>1675053</u>		2. Exact name of the limited liability company <u>Peaceful Solutions Realty Group LLC</u>	
3. State of Formation <u>RI 424210</u>		4. Brief description of the character of business conducted in Rhode Island <u>We started as a real estate company, did NO business, and recently decided to switch to agriculture and farming of specialty herbs and microgreens for 2019</u>	
5. Principal office address <u>25 Ester Ave</u>		City <u>Pawtucket</u>	State <u>RI</u>
		Zip <u>02860</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <u>Nicholas DeCosta</u>		Contact Title <u>Manager</u>	
Street Address <u>249 Hopper St</u>		City <u>Tiverton</u>	State <u>RI</u>
		Zip <u>02878</u>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name <u>Andrew P Loren</u>		Manager Name	
Street Address <u>3 Frances Way</u>		Street Address	
City <u>Berkley</u>	State <u>MA</u>	City	State
	Zip <u>02779</u>		Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
8. RESIDENT AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.			

RECEIVED STATE SECRETARY OF STATE CORPORATION DIV
 2019 JAN 31 AM 11:17

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY **FILED** JAN 31 2019

11:17

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.

Nicholas de Costa 01/25/19
 Signature of Authorized Person Date

Nicholas de Costa 01/25/19
 Print or Type Name of Authorized Person Date

BY JD 53X