

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

SECRETARY OF STATE CORPORATIONS DIV

Annual Report for the year:

2019

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.

| Entity ID Number | 2. Exact name of the Limited Liability Company | | | | |
|--|--|-----|-----------------------------|--------------|-----------|
| 419049 | MENDON SQUARE REALTY LLC. | | | | |
| 3. NAICS Code | Brief description of the character of business conducted in Rhode Island | | | | |
| 53/120 | MEDICAL CINDO RENTAL | | | | |
| 5. State of Formation | | | | | , |
| RI | | | | | |
| 6. Principal Office Address 8 Ltwo all Dr. RI 62665 | | | City LINCOLE | State £ Î | Zip 62d1J |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name G 6 PALA VASUS FUAN | | | Contact Title PR +S 10 +N). | | |
| Street Address & KTNDALC BYL | | | City LINGULW | State 7 | Zip 02+15 |
| 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 | Zıp |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zıp | City | State | Zip |
| Check the box to indicate an attachment | | | | | |
| 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 Date 3 6 19. | | | | | |
| Signature of Authorized Person | | | | | |

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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FORM 632 - Revised: 10/2017