RI SOS Filing Number: 201988248420 Date: 3/7/2019 10:27:00 AM

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State of Rhode Island and Providence Plantations

**Department of State - Business Services Division** 

DECRETARY OF STATE CORPORATIONS DIV

2019 MAR -7 AM 10: 25

Annual Report for the year: 2017
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.

| 122  | <del></del>   |                       | <del></del>                           |                        | · · · · · · · · · · · · · · · · · · · |  |
|--|---|-----------------------|---------------------------------------|------------------------|---------------------------------------|--|
| 1. Entity ID Number  | 2. Exact name of the Limited Liability Company                              |                       |                                       |                        |                                       |  |
| 1658370  | CONSTAL PROPERTIES GROUP LLC  |                       |                                       |                        |                                       |  |
| 3. NAICS Code  | 4. Brief description of the character of business conducted in Rhode Island |                       |                                       |                        |                                       |  |
| 531110   | RESIDENTIAL REAL ESTATE BROKERNE  |                       |                                       |                        |                                       |  |
| 5. State of Formation  |   |                       |                                       |                        |                                       |  |
| RI   |   |                       |                                       |                        |                                       |  |
| 6. Principal Office Address  |   |                       | City                                  | State                  | Zip                                   |  |
| 7 MOIN STREET O  |   |                       | WILKFORD                              | RI                     | 02852                                 |  |
| 7. Mailing Address of Limited Lia                                  | bility Company a  | nd Name or Title      | of Contact Person                     |                        |                                       |  |
| Contact Name NEO MURTHA  |   |                       | Contact Title                         |                        |                                       |  |
| Street Address 155 HEDGEROW DRIVE                                  |   |                       | City WARWICK                          | State R.T.             | Zip 0288                              |  |
| 8. List ALL managers (names a                                      | nd addresses) of  | the Limited Liabi     | ility Company, IF APPLICABLE          | - DO NOT LIST ME       | MBERS                                 |  |
| Manager Name   |   |                       | Manager Name                          |                        |                                       |  |
| Street Address , ,   |   |                       | Street Address                        |                        |                                       |  |
| City   | Stath -   | Zin                   | City                                  | State                  | Zip                                   |  |
| Manager Name   |   |                       | Manager Name                          |                        |                                       |  |
| Street Address   |   |                       | Street Address                        |                        |                                       |  |
| City   | State   | Zip                   | City                                  | State                  | Zip                                   |  |
|  |   |                       | (                                     | Lheck the box to inc   | dicate an attachment                  |  |
| <ol><li>Resident Agent in Rhode Isla</li></ol>                     | nd. This informatio   | n is currently of rec | cord with the Department of State. (  | Changes require filing | Form 642.                             |  |
| Under penalty of perjury, I dea<br>statements, and that all states |   |                       |                                       | ny accompanying        | schedules and                         |  |
| Name of Authorized Person  |   |                       |                                       | Date                   | Date                                  |  |
| NED MURTHS   |   |                       |                                       | 3/4/19                 |                                       |  |
| Signature of Authorized Person                                     | -   |                       | <del></del>                           |                        |                                       |  |
| Med 11   | Mulle   |                       | · · · · · · · · · · · · · · · · · · · |                        |                                       |  |
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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FIGO

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