RI SOS Filing Number: 201993993340 Date: 5/22/2019 4:00:00 PM

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

RECEIVED LEGRETARY OF STATE CORPORATIONS DIV

2019 MAY 22 PH 4: 14

→ 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  |   |         |                       |          |           |
|--|---|---------|-----------------------|----------|-----------|
| 900361071 T: C Holdings, LLC   |   |         |                       |          |           |
| 3. NAICS Code  | 4. Brief description of the character of business conducted in Rhode Island |         |                       |          |           |
| <i>§</i> 12 9 30   | leal Estate   |         |                       |          |           |
| 2D   |   |         |                       |          |           |
| 6. Principal Office Address  | <u> </u>  |         | City /                | State    | Zip       |
| 17 Jusephre Dr.  |   |         | Charlestown           | RI       | 01813     |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |   |         |                       |          |           |
| Contact Name Paul Filippi  |   |         | Contact Title Manuser |          |           |
| Street Address Champlin 1  | 22. , D.O.  | Box 967 | City Blade Islant     | State AI | zip orscz |
| 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 _   | Zin     | City                  | State    | Zip       |
| Manager Name   |   |         | Manager Name          |          |           |
| Street Address   |   |         | Street Address        |          |           |
| City   | State   | Zip     | 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 Blake Filippi  Date  5/12/19   |   |         |                       |          |           |
| 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 FILED

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