RI SOS Filing Number: 201994757400 Date: 5/28/2019 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

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1. Entity ID Number 1336444	2. Exact name of the Limited Liability Company DELAND COMPANY, LLC					
3. NAICS Code 531110	Brief description of the character of business conducted in Rhode Island Residential property rentals					
5. State of Formation RI						
Principal Office Address NORTH COBBLE HILL ROA			City WARWICK	State RI	Zip 02886	
7. Mailing Address of Limited Lia	bility Compa	ny and Name or	Title of Contact Person			
Contact Name P DONNA ELWELL			Contact Title	Contact Title		
Street Address 85 NORTH COBBLE HILL ROAD			City WARWICK	State RI	Zip 02886	
8. List ALL managers (names a	nd addresses) of the Limited	Liability Company, IF APPLICA	BLE - DO NOT LIST N	IEMBERS	
Manager Name			Manager Name			
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name	•	•	Manager Name	Manager Name		
Street Address		-	Street Address	Street Address		
City	State	Zip	City	State	Zip	
	I .	1		Check the box to in	ndicate an attachment	
9. Resident Agent in Rhode Isla	nd. This inform	nation is currently	of record with the Department of St	ate. Changes require filin	g Form 642.	
Under penalty of perjury, I dec statements, and that all stater				ng any accompanying	schedules and	
Name of Authorized Person P DONNA ELWELL	Date 5/22/19	Date 5/22/19				
Signature of Authorized Person	Elwer	SIG	N DOCUMENT HERE			

MAIL TO:

Division of Business Services

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

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