

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							
6. Principal Office Address 85 NORTH COBBLE HILL ROA			City WARWICK	State RI	Zip 02886		
7. Mailing Address of Limited L	iability Compa	iny and Name o	r 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	and addresse	s) of the Limited	Liability Company, IF APPLICAL	BLE - DO NOT LIST I	MEMBERS		
Manager Name		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		
		<u> </u>		Check the box to i	indicate an attachment		
9. Resident Agent in Rhode Isla	and. This infor	nation is currently	of record with the Department of Sta	ate. Changes require filir	ng Form 642.		
Under penalty of perjury, I de statements, and that all state			examined this report, including true and correct.	ng any accompanyin	g 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