RI SOS Filing Number: 201994604010 Date: 5/29/2019 12:16:00 PM

| State of Rhode Isla | | | | _ | | |
|--|-----------------------------------|--|---|--------------------|------------------------|--|
| Department of | of State - Bu | siness Serv | ices Division | | | |
| Annual Report for the year: 2018 | | | | | 2019 HAY | |
| Limited Liability Company | | | | | 2 652 | |
| Filing period: September 1 - November 1 | | | | | - 19 Prije | |
| → Filing Fee: \$50,00 → Penalty: Additional \$2 | 5 00 fee if form | is not filed by D | ecember 1 | _ | <u> </u> | |
| y v onany: riddinoridi de | | is not lifed by D | ecember 1. | | 1 | |
| 1. Entity ID Number | 2 Exact n | ame of the Limite | □ - છ 1:1 | | | |
| 000146155 | Eve F | Eve Properties, LLC | | | | |
| 3. NAICS Code | 4. Brief de | Brief description of the character of business conducted in Rhode Island | | | | |
| 531390 | | Real estate | | | | |
| 5. State of Formation | | | | | | |
| Rhode Island | | | | | | |
| 6. Principal Office Address | | - | City | State | Zip | |
| 326 Henry Brown Road | | | West Greenwich | RI | 02817 | |
| 7. Mailing Address of Limiter | | any and Name or | | <u> </u> | | |
| Contact Name Elina E. Robb | erson | | Contact Title Member | | | |
| Street Address 326 Henry Brown Road | | | City West Greenwich | State RI | ^{Zip} 02817 | |
| 8. List ALL managers (name | es and addresse | s) of the Limited | Liability Company, IF APPLICABLE | E - DO NOT LIST | MEMBERS | |
| Manager Name None | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | Street Address | | |
| City | State | Zip | City | State | Zip | |
| | l | | <u></u> | Check the box to i | indicate an attachment | |
| 9. Resident Agent in Rhode | Island. This inform | nation is currently o | f record with the Department of State. | | | |
| Under penalty of perjury, I statements, and that all sta | declare and aff atements conta | irm that I have e ined herein are (| examined this report, including a true and correct. | nny accompanyin | g schedules and | |
| Name of Authorized Person Date | | | | | | |
| Elina E. Robberson | | | | | • | |
| Signature of Authorized Pers | 000 | 2104 | FROCUMENT HERE | <u>1</u> | · | |
| | | 3:01 | 4 OOODWEN FIRENT | | | |
| | | | | · | | |

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

MAY 29 2019

FORM 632 - Revised: 10/2017