



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

Annual Report for the year: **2018**  
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.

FILED

MAY 31 2019

BY

1255 DS

1. Entity ID Number <b>001662929</b>		2. Exact name of the Limited Liability Company <b>Duboff Holdings, LLC</b>			
3. NAICS Code <b>531110</b>		4. Brief description of the character of business conducted in Rhode Island <b>Residential Leasing</b>			
5. State of Formation <b>Rhode Island</b>					
6. Principal Office Address <b>680 NE 127 STREET</b>			City <b>NORTH MIAMI</b>	State <b>FL</b>	Zip <b>33161</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>KENNETH DUBOFF</b>			Contact Title <b>MANAGER</b>		
Street Address <b>680 NE 127 STREET</b>			City <b>NORTH MIAMI</b>	State <b>FL</b>	Zip <b>33161</b>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>KENNETH DUBOFF</b>			Manager Name <b>PATRICIA DUBOFF</b>		
Street Address <b>2027 NE 120 RD</b>			Street Address <b>2027 NE 120 RD</b>		
City <b>NORTH MIAMI</b>	State <b>FL</b>	Zip <b>33181</b>	City <b>NORTH MIAMI</b>	State <b>FL</b>	Zip <b>33161</b>
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
<i>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.</i>					
Name of Authorized Person <b>KENNETH DUBOFF</b>				Date <b>5/27/2019</b>	
Signature of Authorized Person 				SIGN DOCUMENT HERE	

## MAIL TO:

Division of Business Services  
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