| Sta | ate of Rhode Island and Pro Office of the Secreta | | ns Fee: \$50.00 |
|--|--|--|--|
| | Division Of Business 148 W. River S | treet | |
| HOPE | Providence RI 0290 (401) 222-304 | | |
| Limited Liability Comp Annual Report Filing Period: September 1 - 1 | • | | |
| | -16-66(d), each limited liability com thirty (30) days after the time presc enalty fee of \$25.00. | | |
| ANNUAL REPORT YEAR: | 2018 | | |
| 1. ID No. <u>001676468</u> | | | |
| 2. Exact Name of the Limited Liability Company Salmon Street Realty, LLC | | | |
| 3. State of Formation | | | |
| State: <u>RI</u> | | | |
| | ARTICLE III | | |
| 0 | de that best describes the primary information on <u>NAICS</u> can be found | • | the entity. Download |
| 888888 | | | |
| 4. Brief Description of the | Character of the Business Which | n is Actually Conducte | d in Rhode Island |
| OWN REAL ESTATE | | | |
| 5. Principal Office Address | 5 | | |
| | ALMON STREET VIDENCE State: | <u>RI</u> Zip: <u>02909</u> | Country: <u>USA</u> |
| 6. Mailing Address of Limi | ted Liability Company and Name | e or Title of Contact Pe | erson: |
| | | | |
| | EGAN Contact Title: LMON STREET | | |
| No. and Street: 90 SA | | <u>RI</u> Zip: <u>02909</u> | Country: <u>USA</u> |
| No. and Street: 90 SA City or Town: PROV | <u>LMON STREET</u> <u>'IDENCE</u> State: Each Manager of the Limited Liak | | |
| No. and Street:90 SACity or Town:PROV7. Name and Address of E | LMON STREET 'IDENCE State: Sach Manager of the Limited Liak Individual Name | bility Company, if App | licable. |
| No. and Street: 90 SA City or Town: PROV 7. Name and Address of E DO NOT LIST MEMBERS | <u>LMON STREET</u> <u>'IDENCE</u> State: Each Manager of the Limited Liak | Dility Company, if App Addu Address, City or Town, S | licable. ress State, Zip Code, Country MON STREET |

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

STEPHEN M. LITWIN, ESQ. 1 SHIP STREET PROVIDENCE , RI 02903

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 19 Day of July, 2019 at 2:33:12 PM by the authorized person. This electronic

signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By THOMAS EGAN

Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$ 2007 - 2019 State of Rhode Island and Providence Plantations All Rights Reserved