FILED



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

AUG 21 2019

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: wwwBox ri.gov

330 05

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2019

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

| 1. Entity ID No. | 2. Exact na | ame of the limited liabil | ity company | | | |
|--|------------------|---|----------------------------------|---------------------------------------|---------------------|--|
| 000738769 | 150 BE | ATTIE STREET L | LC | | | |
| 3. State of Formation | 4. Brief de: | Scription of the charact | er of husiness conducted in Di- | | | |
| MA | REALE | 4. Brief description of the character of business conducted in Rhode Island REAL ESTATE 21290 | | | | |
| 5. Principal office address 1877 FALL RIVER AVENUE | | | City SEEKONK | State MA | Zip 02771 | |
| 6. MAILING ADDRESS OF L | IMITED LIABILI | TY COMPANY AND N | AME OR TITLE OF CONTACT | PERSON. | - 02/// | |
| DAVID FERNANDES | | | Contact Title MANAGER | Contact Title | | |
| Street Address 1877 FALL RIVER AVENUE | | | City SEEKONK | State MA | Zip 02771 | |
| | AMES AND ADI | DRESSES) OF THE LI | MITED LIABILITY COMPANY, II | FAPPLICABLE - DO | NOT LIST MEMBERS | |
| Manager Name DAVID FERNANDES | | | Manager Name WILLIAM SOARES | Manager Name WILLIAM SOARES | | |
| Street Address 304 OAK STREET | | | Street Address 71 KING PHILLIP A | Street Address 71 KING PHILLIP AVENUE | | |
| City SWANSEA | State MA | Zip 02777 | City BRISTOL | State RI | Zip 02809 | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| . RESIDENT AGENT IN RHO | DE ISLAND | <u></u> | | | | |
| his information is currently | of record in the | Office of the Secrets | ary of State. Changes require fi | lian Carro CAO | | |
| | | | -, Grianges require n | iing rorm 642. | | |

| File Date |
|---------------------------------|
| Check No |
| Ву: |
| FOR SECRETARY OF STATE USE ONLY |
| |

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.

08/16/2019

Signature of Authorized Person

Date

DAVID FERNANDES, MANAGER

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012