| s s | State of Rhode Island and Pr Office of the Secret | | Fee: \$50.00 |
|---|---|---|---|
| | Division Of Busines | ss Services | |
| | 148 W. River | | |
| | Providence RI 029 (401) 222-30 | | |
| HOPE | | | |
| Limited Liability Com | ipany | | |
| Annual Report Filing Period: September 1 | - November 1 | | |
| | | nnony foiling or refusing | |
| | . 7-16-66(d), each limited liability con in thirty (30) days after the time pres | | |
| 16-66(b&c)) is subject to a | penalty fee of \$25.00. | | |
| ANNUAL REPORT YEAR: | 2019 | | |
| 1. ID No. <u>000846729</u> | 9 | | |
| 2. Exact Name of the Li | mited Liability Company MARN | IA HOLDINGS LLC | |
| 3. State of Formation | | | |
| State: <u>RI</u> | | | |
| | ARTICLE III | | |
| - | Code that best describes the primar | · · · · · · · · · · · · · · · · · · · | entity. Download |
| <u>531190</u> | | | |
| 4. Brief Description of th | e Character of the Business Whic | h is Actually Conducted in | n Rhode Island |
| | | | |
| REAL ESTATE HOLDI | ING AND PROPERTY RENTAL | AND REDEVELOPMEN | <u>T</u> |
| REAL ESTATE HOLDI 5. Principal Office Addre | | AND REDEVELOPMEN | <u>T</u> |
| 5. Principal Office Addre | 255 | AND REDEVELOPMEN | <u>T</u> |
| 5. Principal Office Addre No. and Street: <u>25 H</u> | ess ARBORVIEW DRIVE | | T Country: USA |
| 5. Principal Office AddreNo. and Street:25 HCity or Town:WAB | ess ARBORVIEW DRIVE RWICK S | tate: <u>RI</u> Zip: <u>02889</u> | Country: <u>USA</u> |
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| 5. Principal Office Addre No. and Street: <u>25 H.</u> City or Town: <u>WAR</u> 6. Mailing Address of Lin Contact Name: Contact | ess ARBORVIEW DRIVE RWICK S mited Liability Company and Nam Title: | tate: <u>RI</u> Zip: <u>02889</u> | Country: <u>USA</u> |
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| 5. Principal Office Addre No. and Street: 25 H City or Town: WAH 6. Mailing Address of Lin Contact Name: Contact No. and Street: 25 H City or Town: WAH Voltation WAH Contact Name: Contact No. and Street: 25 H City or Town: WAH 7. Name and Address of | ess <u>ARBORVIEW DRIVE</u> <u>RWICK</u> S mited Liability Company and Nan Title: <u>IARBORVIEW DR</u> <u>RWICK</u> State f Each Manager of the Limited Lia | tate: <u>RI</u> Zip: <u>02889</u> ne or Title of Contact Person e: <u>RI</u> Zip: <u>02889</u> C | Country: <u>USA</u> on: ountry: <u>KEN</u> ible. |
| 5. Principal Office Addre No. and Street: <u>25 H</u>. City or Town: WAH 6. Mailing Address of Lin Contact Name: Contact No. and Street: <u>25 H</u>. City or Town: WAH 7. Name and Address of DO NOT LIST MEMBER | ARBORVIEW DRIVE <u>RWICK</u> S mited Liability Company and Nan Title: <u>IARBORVIEW DR</u> <u>RWICK</u> State f Each Manager of the Limited Lia RS | tate: <u>RI</u> Zip: <u>02889</u> ne or Title of Contact Person e: <u>RI</u> Zip: <u>02889</u> C ability Company, if Applica | Country: <u>USA</u> on: ountry: <u>KEN</u> ible. |

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

MARK JONES 25 HARBORVIEW DRIVE WARWICK , RI 02889

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

Signed this 23 Day of August, 2019 at 7:17:46 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 MARK JONES

Signature of Authorized Person

Form No. 632 Revised 09/07

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