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FOR SECRETARY OF STATE USE CIVLY

Annual Report for the year: 2019 **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.

1. Entity ID Number 1665210		2. Exact name of the Limited Liability Company Spring Holdings LLC				
3. NAICS Code	4. Brief de	4. Brief description of the character of business conducted in Rhode Island				
531110	Real esta	Real estate renting/leasing				
5. State of Formation		7				
Rhode Island						
6. Principal Office Address			City	State	Zip	
56 Pine Street			Providence	RI	02903	
7. Mailing Address of Limite	d Liability Comp	any and Name o		i		
Contact Name James R. Simmons			Contact Title Member			
Street Address 56 Pine Street			City Providence	State RI	Zip 02903	
8. List ALL managers (name	es and addresse	s) of the Limited	Liability Company, IF APPLICAL	BLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zîp	City	State	Zip	
<i>;</i>	<u>.</u>	1		Check the box to i	ndicate an attachment	
9. Resident Agent in Rhode	Island. This inforr	mation is currently	of record with the Department of Sta	te. Changes require filir	ng Form 642.	
Under penalty of perjury, I statements, and that all st	declare and affatements conta	irm that I have ined herein are	examined this report, includin true and correct.	g any accompanyin	g schedules and	
Name of Authorized Person				Date	, 1	
James R. Simmons				7/	4/19	
Signature of Authorized Pers	son	SIG	N DOCUMENT HERE		1 . /	
X		<u>.</u>				
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MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov SEP 0 6 2019 KM