

FILED

SEP 09 2019



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

BY 1235 OS

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. Entry ID No. 502756		2. Exact name of the limited liability company Governor Residential Properties, LLC			
3. State of Formation RI S31110		4. Brief description of the character of business conducted in Rhode Island To acquire, own, improve, operate, manage, lease, mortgage, refinance, sell and exchange real property.			
5. Principal office address 119 Brook Rd.		City Sharon	State MA	Zip 02067	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Michael Raynus		Contact Title Manager			
Street Address 119 Brook Rd.		City Sharon	State MA	Zip 02067	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Michael Raynus		Manager Name Felix Shlosman			
Street Address 119 Brook Rd.		Street Address 32 Steadman St.			
City Sharon	State MA	Zip 02067	City Brookline	State MA	Zip 02446
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

File Date _____

Check No _____

By: _____

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.

Michael Raynus 9/3/19
 Signature of Authorized Person Date

Michael Raynus
 Print or Type Name of Authorized Person