RI SOS Filing Number: 201918773220 Date: 9/9/2019 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

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Entity ID Number	2. Exact name of the Limited Liability Company						
000515180	SPRemoici & Kennery Reuly LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
531110	Pen	estate	holping compe				
5. State of Formation			and combo	4			
RI							
6. Principal Office Address			City	State	Zip		
2475 Paintuked Ave			ERST PRUMORICE	RI	02914		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name MICHAEL T REMARKY			Contact Title TRepsucu				
Street Address 2475 POUTUCKET QUE			City Providence	State	Zip 02914		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - 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	Zip	City	State	Zip		
Check the box to indicate an attachment							
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.							
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.							
Name of Authorized Person				Date			
MICHOEL T Kenneny				9/1/2019			
Signature of Authorized Person SIGN DOCUMENT HERE							

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

BY | 0 9 2019

FORM 632 - Revised: 10/2017