

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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2019 SEP 14 P 2: C5

Annual Report for the year: 2018
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.

	T				
1. Entity ID Number	Exact name of the Limited Liability Company				
0003/4692	RT Homes, Lh				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
531110	7 1501				
5. State of Formation	Keal Estatu				
5. State of Formation					
KL					
6. Principal Office Address		<u> </u>	City	State	Zip
29 Maureen De			Sur Higheld	KC	02917
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact-Name Dobre M Avicolli			Contact Title President		
Street Address Maurel 12			Surth puld	State	Z1P CA-917
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	Zıp	City	State	Zıp
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					
Depra M Alicolli				9/16	12019
Signature of Authorized Person					
Dedia Manuelle					

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 2

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