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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.

1. Entity ID Number	2. Exact name of the Limited Liability Company					
161736	ALRAE, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
53 I II O	Land holding company and all other lawful purposes					
5. State of Formation] ;.					
Rhode Island						
6. Principal Office Address			City	State	Zip	
1050 Main Street, Unit 1-A			East Greenwich	RI	02818	
7. Mailing Address of Limited Lia	ability Compa	ny and Name o	r Title of Contact Person	——————————————————————————————————————		
Contact Name Richard H. Bloom			Contact Title			
Street Address 1050 Main Street, Unit 1-A			City East Greenwich	State R I	Zip 02818	
	nd addresses	s) of the Limited	Liability Company, IF APPLICABLE	- DO NOT LIST	MEMBERS	
Manager Name		Manager Name				
Street Address		Street Address	Street Address			
City	State	Zip	City	State	Zıp	
Manager Name			Manager Name .			
Street Address			Street Address •			
City	State	Zip	City	State	Zip	
	<u> </u>	·	··-···	Check the box to i	ndicate an attachment	
9. Resident Agent in Rhode Islan	nd. This inform	nation is currently o	of record with the Department of State. (Changes require filtr	ng Form 642.	
Under penalty of perjury, I dec statements, and that all staten	lare and affi nents contai	rm that ; have oned herein are	examined this report, including a true and correct.	ny accompanyin	g schedules and	
Name of Authorized Person Richard H. Bloom, Member			n, Member	Date 9/9/19		
Signature of Authorized Person/	m, n	anisal.	COCHARAN RESE			

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 1 6 2019

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