RI SOS Filing Number: 201921161300 Date: 9/20/2019 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

Annual Report for the year: 2019**Limited Liability Company**

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

1. Entity ID Number

535568 3. NAICS Code

531390

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

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- Novem	ber 1	.=					
ee if form	is not filed by D	ecember 1.	_				
	eme of the Limite	ed Liability Company es, LLC					
		character of business conducted	d in Rhode Island	·			
Acquiring		wning, leasing, mortgaging, c		ing of real property of			
		City	State	Zip			
		Tiverton	RI	02878			
ility Compa	any and Name o	r Title of Contact Person		, 			
III		Contact Title	Contact Title				
		City Tiverton	State RI	^{Zip} 02878			
d addresse	s) of the Limited	Liability Company, IF APPLICA	ABLE - DO NOT LIST I	MEMBERS			
		Manager Name	Manager Name				
		Street Address					
State	Zip	City	State	Zip			
		Manager Name	Manager Name				
		Street Address	Street Address				
State	Zip	City	State	Zip			
			Check the box to i	indicate an attachment			
l. This inform	nation is currently	of record with the Department of St	late. Changes require filin	ng Form 642.			

5. State of Formation	interest ti	interest therein, wherever located						
Rhode Island								
6. Principal Office Addres	ss		City	State	Zip			
1445 Main Road			Tiverton	RI	02878			
7. Mailing Address of Lim	nited Liability Compa	any and Name o	or Title of Contact Person					
Contact Name Norman M	acLeod, III		Contact Title	Contact Title				
Street Address 1445 Main	Road		City Tiverton	State RI	^{Zip} 02878			
8. List ALL managers (na	ames and addresse	s) of the Limited	Liability Company, IF APPLICA	ABLE - DO NOT LIST	MEMBERS			
Manager Name			Manager Name	Manager Name				
Street Address			Street Address	Street Address				
City	State	Zip	City	State	Zip			
Manager Name			Manager Name	Manager Name				
Street Address			Street Address	Street Address				
City	State	Zip	City	State	Zip			
				Check the box to	indicate an attachment			
9. Resident Agent in Rho	de Island. This infor	nation is currently	of record with the Department of S	tate. Changes require fili	ing Form 642.			
	y, I declare and aff	irm that I have	examined this report, includi					
Name of Authorized Pers	on		Date	/ /				
Norman MacLeod, III	1			9/	10/19			
Signature of Authorized F	Person Muu-si	The o	SN SCHOOL 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

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