



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**FILED**

**STA/WIP**

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

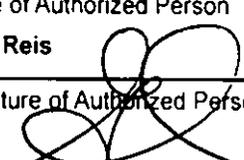
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SECRETARY OF STATE

54900

- 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<br><b>150317</b>  |  | 2. Exact name of the Limited Liability Company<br><b>71-79 ALDEN STREET, LLC</b>                           |                |                          |      |                    |                     |     |
| 3. NAICS Code<br><b>531390</b>  |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Real Estate Business</b> |                |                          |      |                    |                     |     |
| 5. State of Formation<br><b>Rhode Island</b>  |  |  |                |                          |      |                    |                     |     |
| 6. Principal Office Address<br><b>290 Armistice Boulevard</b>   |  |  |                | City<br><b>Pawtucket</b> |      | State<br><b>RI</b> | Zip<br><b>02861</b> |     |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |  |                |                          |      |                    |                     |     |
| Contact Name <b>Gary Reis</b>   |  |  |                | Contact Title            |      |                    |                     |     |
| Street Address <b>86 Naushon Road</b>   |  |  |                | City <b>Pawtucket</b>    |      | State <b>RI</b>    | Zip <b>02861</b>    |     |
| 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 <input type="checkbox"/>  |  |  |                |                          |      |                    |                     |     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.   |  |  |                |                          |      |                    |                     |     |
| <b>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.</b> |  |  |                |                          |      |                    |                     |     |
| Name of Authorized Person<br><b>Gary Reis</b>   |  |  |                |                          |      | Date               |                     |     |
| Signature of Authorized Person<br>   |  |  |                |                          |      | SIGN DOCUMENT HERE |                     |     |

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
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