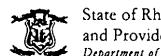
RI SOS Filing Number: 201922406770 Date: 9/30/2019 4:00:00 PM



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

148 W. River Street Providence, RI 02904-2615 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _____ 2019

Filing Period: September 1 - November 1 • Filing Fee: \$50.00° • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

*In accordance with R.I.G.L. 7-16-66 (d), each limited liability company falling or refusing to file its annual report within thirty (30) days after the time prescribed by law
(R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00

001675839		Exact name of the limited liability company omestead Property Management, LLC			3. NAICS Code 531312	
4. Brief description of the character of the business which is actually condition of the character of the business which is actually condition to purchase, hold, develop, rent and sell real establishment.				hode Island S. State of Formation Rhode Island		
6. Principal office address 84 Greene Street			City North Smithfield	State RI	Zip 02896	
7. MAII ING ADDRE Contact Name David A. Degrar		BILITY COMPANY AND	NAME OR TIPLE OF CONTACT P Contact Title Manager	ERSON:		
Street Address 84 Greene Street			City North Smithfield	State RI	2 <i>ip</i> 02896	
8. NAME 3. (201)			ELABILLLY COMPANY, IF APPLIC		List Members	
Manager Name David A. Degra Street Address	FILL IN SPAC	GER OF THE LIMITED I ES BEI GRE USING ATT	ACHNENTS ("X" BOX FOR AT Manager Name Cindy A. Degrange Street Address		List Membres	
Manager Name David A. Degra	t State		ACHMENTS ("X" BOX FOR AT Manager Name Cindy A. Degrange		Zip 02896	
Manager Name David A. Degra Street Address 84 Greene Stree City	t State	FS BEI QRE USING ATT	ACHMENTS ("X" BOX FOR AT Manager Name Cindy A. Degrange Street Address 84 Greene Street City	TACHMENT) 1	Zip	
Manager Name David A. Degra Street Address 84 Greene Stree City North Smithfield	t State	FS BEI QRE USING ATT	ACHMENTS ("X" BOX FOR AT Manager Name Cindy A. Degrange Street Address 84 Greene Street City North Smithfield	TACHMENT) 1	Zip	
Manager Name David A. Degra Street Address 84 Greene Street City North Smithfield Manager Name	t State	FS BEI QRE USING ATT	ACHNENTS ("X" BOX FOR AT Manager Name Cindy A. Degrange Street Address 84 Greene Street City North Smithfield Manager Name	TACHMENT) 1	Zip	

FILED VINA

SEP 3 0 This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

BY 306	•
File Date	
Check No.	-
By: FOR SECRETARY OF STATE US, ONLY	

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.

Signature of Authorized Person Date

David A. Degrange, Manager