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(B)	State of Rhode Island and Providence Plantations Department of State - Business Services Division
201	Department of State - Dusiness Services Division

Annual Report for the year: 2

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.

<u> </u>	-						
Entity ID Number	Entity ID Number 2. Exact name of the Limited Liability Company						
Oole74301 Atlantic			. Property Solutions LLC				
3. NAICS Code	4. Brief descri	ption of the chara	cter of business conducted in Rhode Island				
			estate				
5. State of Formation							
6. Principal Office Address			City	State	Zip		
5712 Weeden		•	Pautucket	127	02860		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Mart	105		Contact Title				
Street Address	<i>لد</i> /		City	State NZ	Zip 02805		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Mananer Name	~ · · - · -	-	Manager Name				
Sirent Att	1		Street Address				
City	1 0121A	Zio	City	State	Zip		
Manager Name	· · · · · ·		Manager Name				
Street Address		 -	Street Address				
City	State	Zip	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							
Jason Martins 9/12							
Signature of Authorized Person							

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

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