RI SOS Filing Number: 201922660550 Date: 10/3/2019 4:00:00 PM

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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**

OCT 0 3 2019

FILED

→ 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 000793927 | 2 Exact name of the Limited Liability Company STUMPY POINT, LLC | | | | | | |
|--|---|-----|-----------------------|-------------|--------------|--|--|
| 3 NAICS Code 531311 | Brief description of the character of business conducted in Rhode Island holds title to, manages and pays expenses for Lot 15 Tax Map 17 in the Town of Charlestown, RI | | | | | | |
| 5. State of Formation RHODE ISLAND | | | | | | | |
| 6. Principal Office Address 27 Stumpy Point Lane | | | City Charlestown | State RI | Zip 02813 | | |
| 7 Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | | |
| Contact Name Walter B. Mahony, III | | | Contact Title Manager | | | | |
| Street Address 27 Stumpy Point Lane | | | City Charlestown | State RI | Zip 02813 | | |
| 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 | | | | | | | |
| 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 Walter B. Mahony III Date 10/1/9 | | | | | | | |
| Signature of Authorized Region SIGN OCULTENT HERE | | | | | | | |
| | | 7 | - | | | | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov