



**Department of State - Business Services Division**

**FILED**

OCT 04 2019  
 1097 JZ

**Annual Report for the year: 2019**  
**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.

1. Entity ID Number <b>001669844</b>		2. Exact name of the Limited Liability Company <b>Restoration Properties LLC</b>			
3. NAICS Code <b>531390</b>		4. Brief description of the character of business conducted in Rhode Island <b>Buying and selling real estate.</b>			
5. State of Formation <b>Rhode Island</b>					
6. Principal Office Address <b>109 Hope Furnace Rd.</b>			City <b>Hope</b>	State <b>RI</b>	Zip <b>02831</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Karlene Gunderman</b>			Contact Title <b>Managing Member</b>		
Street Address <b>109 Hope Furnace Rd.</b>			City <b>Hope</b>	State <b>RI</b>	Zip <b>02831</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		City	State	Zip	
Manager		Manager Name			
Street Addr		Street Address			
City		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.					
<i>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.</i>					
Name of Authorized Person <b>Karlene Gunderman</b>				Date <b>9/30/2019</b>	
Signature of Authorized Person 					

**MAIL TO:**  
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