RI SOS Filing Number: 201923336300 Date: 10/4/2019 4:00:00 PM

| | State of Rhode Island and Providence Plantations | | | |
|-----|--|--|--|--|
| (U) | State of Rhode Island and Providence Plantations Department of State - Business Services Division | | | |

| 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 126535 | | 2. Exact name of the Limited Liability Company 225 NEWMAN AVE, LLC | | | | | |
|---|--|--|--|---------------------------|------------------------|--|--|
| 3. NAICS Code 531110 | | Brief description of the character of business conducted in Rhode Island REAL ESTATE HOLDING COMPANY | | | | | |
| 5. State of Formation RI | | | | | | | |
| 6. Principal Office Address | <u> </u> | | City | State | Zip | | |
| 1308 ATWOOD AVENUE | | | JOHNSTON | RI | 02919 | | |
| 7. Mailing Address of Limited | | ny and Name or Tit | lle of Contact Person | | | | |
| Contact Name DAVID J LUCI | IER | | Contact Title MEMBER | | | | |
| Street Address 1308 ATWOOD AVENUE | | | City JOHNSTON | State RI | ^{Zip} 02919 | | |
| | |) of the Limited Lia | bility Company, IF APPLICAE | | MEMBERS | | |
| Manager Name DAVID J LUCIER | | | Manager Name LEO J DELISI | | | | |
| Street Address 1308 ATWOOD AVENUE | | | Street Address 1308 ATWOOD AVENUE | | | | |
| City JOHNSTON | State RI | ^{Zip} 02919 | City JOHNSTON | State RI | Zip 02919 | | |
| Manager Name N/A | | <u> </u> | Manager Name N/A | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | State | Zip | | |
| | | | | Check the box to | indicate an attachment | | |
| 9. Resident Agent in Rhode | Island. This inform | ation is currently of r | ecord with the Department of Sta | ate. Changes require fili | ng Form 642. | | |
| Under penalty of perjury, I statements, and that all st | l declare and affi. latements contail | rm that I have exa ned herein are tru | nmined this report, including and correct. | g any accompanyin | ng schedules and | | |
| Name of Authorized Person | | Date | | | | | |
| DAVID J LUCIER | $\mathbf{I} \wedge \mathbf{A}$ | 09/27/19 | | | | | |
| Signature of Authorized Pe | son | SIGN | DOCUMENT HURZ | | | | |
| | V | | | - | II ED | | |

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**

OCT 0 4 2019

PORM 632 - Revised: 10/2017