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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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| more: | | · 2013 OC1 - 4 P- 3- 30 | |
|--|---------|-------------------------|--|
| Annual Report for the year: Limited Liability Company → Filing period: September 1 - Nove → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if for | ember 1 | * | |
| | | | |

| 1. Entity ID Number | 2. Exact name of the Limited Liability Company | | | | | | |
|---|---|----------------------|--|---|---|--|--|
| 221 | | | | | | | |
| 00165 7644 | Mason D. Investments, LLC | | | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | | | |
| 531390 | Investing in Properties and businesses | | | | | | |
| 5. State of Formation | 1 1012 11012 1100 0000 1100 0000 110000 11000 11000 11000 11000 110000 11000 11000 11000 11000 11000 11000 11000 11000 11000 11000 11 | | | | | | |
| _ R I | | | | | | | |
| Principal Office Address | | | City | State | Zip | | |
| 108 waverly street | | | Providence | DI | 02907 | | |
| 7. Mailing Address of Umited Liability Company and Name or Title of Contact Person | | | | | | | |
| Contact Name Janathan Barras | | Contact Title | | | | | |
| Street Address 108 Waverly Street | | | City | State 7 | Zip a 2000 | | |
| 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 | | *************************************** | | |
| | | Sueet Audiess | | | | | |
| City | State | Zıp | City | State | Zip | | |
| Manager Name | | Manager Name | | | | | |
| Street Address | | Street Address | | | | | |
| City | State | Zip | City | State | Zip | | |
| | | | Che | ck the box to indi | cate an attachment | | |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. | | | | | | | |
| | id. This information | is currently of reco | ord with the Department of State, Char | nges require filing F | orm 642. | | |
| Under penalty of perjury, I dec | lare and affirm t | hat i have exam | ined this report, including any | nges require filing F | orm 642. chedules and | | |
| Under penalty of perjury, I dec statements, and that all staten | lare and affirm t | hat i have exam | ined this report, including any | nges require filing F accompanying s | orm 642. chedules and | | |
| Under penalty of perjury, I dec | lare and affirm t | hat i have exam | ined this report, including any | nges require filing Faccompanying s | orm 642. chedules and | | |
| Name of Authorized Person | lare and affirm t | hat i have exam | ined this report, including any | accompanying s | chedules and | | |
| Under penalty of perjury, I dec statements, and that all staten | lare and affirm t | hat i have exam | ined this report, including any | accompanying s | orm 642. chedules and | | |
| statements, and that all staten Name of Authorized Person And han Barr | lare and affirm t | hat i have exam | ined this report, including any | accompanying s | chedules and | | |

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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