| Sta | te of Rhode Island and Pro Office of the Secreta | | Fee: \$50.00 |
|--|--|---------------------------------|-------------------|
| | Division Of Business 148 W. River S | treet | |
| HOPE | Providence RI 0290 (401) 222-30 | | |
| Limited Liability Compa Annual Report Filing Period: September 1 - N | | | |
| | 16-66(d), each limited liability com thirty (30) days after the time presc nalty fee of \$25.00. | | |
| ANNUAL REPORT YEAR: 2 | 2019 | | |
| 1. ID No. <u>000528700</u> | | | |
| 2. Exact Name of the Limi | ted Liability Company <u>VENTU</u> | RE FORWARD, LLC | |
| 3. State of Formation | | | |
| State: <u>RI</u> | | | |
| | ARTICLE III | | |
| • | de that best describes the primary nformation on <u>NAICS</u> can be found | • | ntity. Download |
| <u>531120</u> | | | |
| 4. Brief Description of the | Character of the Business Which | n is Actually Conducted in I | Rhode Island |
| PROPERTY MANAGEM | ENT | | |
| 5. Principal Office Address | | | |
| No. and Street:39 MAIN STCity or Town:EAST GREENWICHState: RIZip: 02818-3805Country: USA | | | |
| 6. Mailing Address of Limit | ted Liability Company and Name | e or Title of Contact Person | : |
| | EN ROD ROAD | | |
| | H KINGSTOWN State | | untry: <u>USA</u> |
| 7. Name and Address of E DO NOT LIST MEMBERS | ach Manager of the Limited Liab | Dility Company, if Applicab | .e. |
| Title | Individual Name | Address | |
| | First, Middle, Last, Suffix | Address, City or Town, State, Z | p Code, Country |
| | | | |

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

JAMES SULLIVAN, ESQ. 1130 TEN ROD ROAD NORTH KINGSTOWN, RI 02852

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 5 Day of October, 2019 at 4:08:26 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By FREDERICK HOBBY

Signature of Authorized Person

Form No. 632 Revised 09/07

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