



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**FILED**  
 OCT 11 2019  
 841  
*JV*

**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<br><b>696224</b>                                                                                                                                                                        |       | 2. Exact name of the Limited Liability Company<br><b>View Properties, LLC</b>                     |                         |                                |                     |
| 3 NAICS Code<br><b>531110</b>                                                                                                                                                                               |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Real estate</b> |                         |                                |                     |
| 5. State of Formation<br><b>Rhode Island</b>                                                                                                                                                                |       |                                                                                                   |                         |                                |                     |
| 6. Principal Office Address<br><b>780 Reservoir Ave, Ste 290</b>                                                                                                                                            |       |                                                                                                   | City<br><b>Cranston</b> | State<br><b>RI</b>             | Zip<br><b>02910</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                   |                         |                                |                     |
| Contact Name<br><b>Anthony Thompson</b>                                                                                                                                                                     |       |                                                                                                   | Contact Title           |                                |                     |
| Street Address<br><b>780 Reservoir Ave, Ste 290</b>                                                                                                                                                         |       |                                                                                                   | City<br><b>Cranston</b> | State<br><b>RI</b>             | Zip<br><b>02910</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                                                                                                                                                                                                        | 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 <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.                                                                   |       |                                                                                                   |                         |                                |                     |
| <b>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.</b> |       |                                                                                                   |                         |                                |                     |
| Name of Authorized Person<br><b>Anthony Thompson</b>                                                                                                                                                        |       |                                                                                                   |                         | Date<br><b>October 9, 2019</b> |                     |
| Signature of Authorized Person<br><span style="float: right;">SIGN DOCUMENT HERE</span>                                                                                                                     |       |                                                                                                   |                         |                                |                     |

**MAIL TO:**  
 Division of Business Services  
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