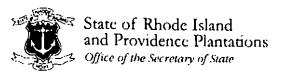
RI SOS Filing Number: 201924842260 Date: 10/18/2019 4:00:00 PM



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A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 029/14-2615 401-222 3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2019

Filing Period: September 1 - November 1 - Filing Fee: \$50.00* - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L., 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L., 7-16-66 (betre)) is subject to a penalty fee of \$25.00.

| (R.I.G.L. 7-16-66 (b &c |)) is subject to a penalty fee of \$ | 25.00. | | | | |
|--|---|---|---|-----------------------------------|--------------------------|--|
| 1 ID No. 134668 | | nume of the limited liability company NWOOD PROPERTIES, LLC | | | | |
| 3 State of Formation RHODE ISLANI | AÊÄL"EST | ATE MANAGEMENT | wess which is actually conducted in Rho | de Nand | | |
| 5 Principal office address 400 GLENWOOD AVE. | | | PAWTUCKET | State R. I. | ^{7.ip} 02861 | |
| 6. MAILING ADD Contact Name RALPH R. RYA | | BILITY COMPANY AND | NAME OR TITLE OF CONTACT Contact Title RESIDENT AGENT | PERSON: | · | |
| Street Address 1495 NEWPORT AVE. | | | PAWTUCKET | State R. I. | 2φ 02861 | |
| 7. NAME AND AD | | | D LIABILITY COMPANY, IF APPING ATTACHMENTS ("X" BOX F | | | |
| Manager Name PAUL A. PERKOWSKI | | | Manager Name ELIZABETH PERKO | Manager Name ELIZABETH PERKOWSKI | | |
| Street Address 36 RIVER VIEW AVE. | | | Street Address 36 RIVER VIEW AVI | Street Address 36 RIVER VIEW AVE. | | |
| SWANSEA | State MA | 2ιρ 02777 | SWANSEA | State MA | zıp О2777 | |
| Manager Name | ••••••••• | •••••• | - Manager Name | •••••• | •••••••••••• | |
| Street Address | | | Street Address | Street Address | | |
| City: | State | Zφ | Cuy | State | Zip | |
| | ENT IN RHODE ISLAND currently of record in the | | of State. Changes require filing of | Form 642 - R.I.G.L., 7- | -16-11 | |
| | | | ř | FILED | | |

OCT 1 8 2019

007 10 2010

This report must be executed by an authorized person pursuant to R.I.O.L. 16 06 (b)

134668

| File Date |
|---------------------------------|
| Check No. |
| By: |
| FOR SECRETARY OF STATE USE ONLY |

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.

Signature of Authorized Person

Date

Paul A. Perkowski

Print or Type Name of Authorized Person