°	State of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Services		
148 W. River Street			
Providence RI 02904-2615 (401) 222-3040			
HOPE	(401) 222-30	+0	
Limited Liability Com	npany		
Annual Report Filing Period: September 1	- November 1		
n accordance with R I G I	. 7-16-66(d), each limited liability com	oany failing or refusing	
o file its annual report with	in thirty (30) days after the time presc		
6-66(b&c)) is subject to a	penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2019</u>		
1. ID No. <u>00015396</u>	<u>1</u>		
2. Exact Name of the Limited Liability Company <u>ROBERT MASTIN, LLC</u>			
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
	Code that best describes the primary e information on <u>NAICS</u> can be found		ity. Download
<u>531110</u>			
4 Priof Decorintion of th	a Character of the Business Which	in Antually Conducted in Pk	ada laland
4. Bhei Description of ti	e Character of the Business Which	TIS Actually Conducted III RI	
REAL ESTATE			
5. Principal Office Addre	ess		
No. and Street: 796	AQUIDNECK AVE.		
		e: <u>RI</u> Zip: <u>02842</u> Cour	ntry: <u>USA</u>
6 Mailing Address of Li	mited Liability Company and Name	or Title of Contact Person:	
-			
	T MASTIN Contact Title:		
		ate: <u>RI</u> Zip: <u>02842</u> Cou	intry: <u>USA</u>
7. Name and Address of DO NOT LIST MEMBE	Each Manager of the Limited Liak		
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip	Code, Country
MANAGER	ROBERT L MASTIN	796 AQUIDNECK A MIDDLETOWN, RI 02842	

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

ROBERT L. MASTIN 796 AQUIDNECK AVENUE MIDDLETOWN, RI 02842

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

Signed this 22 Day of October, 2019 at 4:25:18 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 **ROBERT MASTIN**

Signature of Authorized Person

Form No. 632 Revised 09/07

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