s s			
	itate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River St Bussidence BL 0200	treet	
HOPE	Providence RI 0290 (401) 222-304		
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2019</u>		
1. ID No. <u>00168947</u>	<u>5</u>		
2. Exact Name of the Li	mited Liability Company <u>RIMI Fo</u>	orest MHP, LLC	
3. State of Formation			
State: <u>DE</u>			
	ARTICLE III		
-	Code that best describes the primary e information on <u>NAICS</u> can be found		ity. Download
-			ity. Download
the list of codes <u>here.</u> Mor <u>531110</u>		online.	
the list of codes <u>here.</u> Mor <u>531110</u>	e information on <u>NAICS</u> can be found	online.	
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8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>CORPORATION SERVICE COMPANY</u> <u>222 JEFFERSON BOULEVARD, SUITE 200</u> <u>WARWICK</u>, <u>RI</u> <u>02888</u>

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

**Signed this 24 Day of October, 2019 at 4:25:57 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 <u>DAVID H REYNOLDS</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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