OS Filing Number: 201925251890 Date: 10/24/2019 4:00:00 PM

Standard Standard Providence Plantations

ment of State - Business Services Division

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.

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| 1. Entity ID Number 174415 | 2. Exact name of the Limited Liability Company DiProto Family Proportion IIC | | | | | | | |
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| 3. NAICS Code | DiPrete Family Properties, LLC 4. Brief description of the character of business conducted in Rhode Island | | | | | | | |
| 531390 | Real estate | | | | | | | |
| 5. State of Formation | - | | | | | | | |
| Rhode Island | | | | | | | | |
| 6. Principal Office Address | | | City | State | Zip | | | |
| 515 Narragansett Parkway | | | Warwick | RI | 02888 | | | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | | | |
| Contact Name Stephanie P. DiPrete | | | Contact Title Member | | | | | |
| Street Address 4238 Coolidge Avenue | | | City Los Angeles | State CA | Zip 90066 | | | |
| 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 | Zıp | | | |
| Manager Name | | | Manager Name | | | | | |
| Street Address | | | Street Address | | | | | |
| City | State | Zip | City | State | Zip | | | |
| Check the box to indicate an attachment | | | | | | | | |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. | | | | | | | | |
| 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. | | | | | | | | |
| Name of Authorized Person | | | | | Date | | | |
| Stephanie P. WiPrete | Octobe | October 19,2019 | | | | | | |
| Signature of Authorized Person SIGN DOCUMEN : SIGN | | | | | | | | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov