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State of Rhode Island and Providence Plantations

Department 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	Entity ID Number 2. Exact name of the Limited Liability Company						
5295 39							
	Trime Properties LLC						
3. NAICS Code	Brief description of the character of business conducted in Rhode Island						
531311	Property Management						
5. State of Formation	1 • • • • • • • • • • • • • • • • • • •						
RI							
6. Principal Office Address			City	State	Zip		
127 Foster Street		Harrisville	RI	08830			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Caru F.	F. Ferguson Contact Title Memb			Sec. (
Street Address	Street	-	City Harrisville	State	Zip 02830		
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							
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 GARY F. FERGUSON Date 10/21/19							
Signature of Authorized Person Authorized Person Fign DOCUMENT HERE							

MAIL TO:

Division of Business Services

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

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