

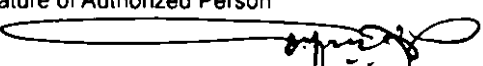


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

FILED
OCT 25 2019
BY 1017 08

| | | | | | |
|---|--|---|------------------------------|---------------------------|---------------------|
| 1. Entity ID Number 1679394 | | 2. Exact name of the Limited Liability Company INTEGRITY REALTY SOLUTIONS, LLC | | | |
| 3. NAICS Code 531110 | | 4. Brief description of the character of business conducted in Rhode Island TO PURCHASE, OWN, SELL, MANAGE REAL ESTATE PROPERTY | | | |
| 5. State of Formation RHODE ISLAND | | | | | |
| 6. Principal Office Address 146 OAKLAND AVENUE | | | City PROVIDENCE | State RI | Zip 02908 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name KWAME ADU-GYAMFI | | | Contact Title MANAGER | | |
| Street Address 146 OAKLAND AVENUE | | | City PROVIDENCE | State RI | Zip 02908 |
| 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 | | | City | | |
| State | | | State | | |
| Zip | | | Zip | | |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | | | City | | |
| State | | | State | | |
| Zip | | | Zip | | |
| Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. | | | | | |
| <i>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.</i> | | | | | |
| Name of Authorized Person KWAME ADU-GYAMFI, MANAGER | | | | Date 10-17-2019 | |
| Signature of Authorized Person  | | | | SIGN DOCUMENT HERE | |

MAIL TO:

Division of Business Services
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Website: www.sos.ri.gov