



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 28 2019**

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|   |                    |  |                                 |                         |                     |
|---|--------------------|--|---------------------------------|-------------------------|---------------------|
| 1. Entity ID Number<br><b>000139779</b>   |                    | 2. Exact name of the Limited Liability Company<br><b>1245 Properties, LLC</b>                                |                                 |                         |                     |
| 3. NAICS Code<br><b>525990</b>  |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>real estate investment</b> |                                 |                         |                     |
| 5. State of Formation<br><b>Rhode Island</b>  |                    |  |                                 |                         |                     |
| 6. Principal Office Address<br><b>255 Promenade Street, APT 445</b>   |                    | City<br><b>Providence</b>  |                                 | State<br><b>RI</b>      | Zip<br><b>02908</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |                    |  |                                 |                         |                     |
| Contact Name<br><b>Edward Feldmann</b>  |                    |  | Contact Title<br><b>Manager</b> |                         |                     |
| Street Address<br><b>67 East Greenwich Road</b>   |                    |  | City<br><b>Longmeadow</b>       | State<br><b>MA</b>      | Zip<br><b>01106</b> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |                    |  |                                 |                         |                     |
| Manager Name<br><b>Edward Feldmann</b>  |                    |  | Manager Name                    |                         |                     |
| Street Address<br><b>67 East Greenwich Road</b>   |                    |  | Street Address                  |                         |                     |
| City<br><b>Longmeadow</b>   | State<br><b>MA</b> | Zip<br><b>01106</b>  | City                            | State                   | Zip                 |
| Manager Name  |                    |  | Manager Name                    |                         |                     |
| Street Address  |                    |  | Street Address                  |                         |                     |
| City  | State              | Zip  | City                            | State                   | 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.   |                    |  |                                 |                         |                     |
| <b>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.</b> |                    |  |                                 |                         |                     |
| Name of Authorized Person<br><b>Edward Feldmann</b>   |                    |  |                                 | Date<br><b>10/21/19</b> |                     |
| Signature of Authorized Person<br>   |                    |  |                                 |                         |                     |

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov