

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>000144349</b>   |       | 2. Exact name of the Limited Liability Company<br><b>EQUALITY PARK, LLC</b>  |                    |
| 3. NAICS Code<br><b>531311</b>  |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>REAL ESTATE RENTALS &amp; MANAGEMENT</b> |                    |
| 5. State of Formation<br><b>R.I.</b>  |       |  |                    |
| 6. Principal Office Address<br><b>6 SUNNYSIDE PLACE</b>   |       | City<br><b>NEWPORT</b>   | State<br><b>RI</b> |
|   |       | Zip<br><b>02840</b>  |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |  |                    |
| Contact Name<br><b>EVELYN E. SPIRATOS</b>   |       | Contact Title<br><b>owner - manager</b>  |                    |
| Street Address<br><b>6 SUNNYSIDE PLACE</b>  |       | City<br><b>NEWPORT</b>   | State<br><b>RI</b> |
|   |       | Zip<br><b>02840</b>  |                    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |       |  |                    |
| Manager Name<br><b>NONE</b>   |       | Manager Name   |                    |
| Street Address  |       | Street Address   |                    |
| City  | State | City   | State              |
|   |       |  |                    |
| Manager Name  |       | Manager Name   |                    |
| Street Address  |       | Street Address   |                    |
| City  | State | City   | State              |
|   |       |  |                    |
| 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>EVELYN E. SPIRATOS</b>  |       | Date<br><b>10-11-2019</b>  |                    |
| Signature of Authorized Person<br><i>Evelyn E. Spiratos</i>   |       |  |                    |

## MAIL TO:

## Division of Business Services

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