RI SOS Filing Number: 201926174440 Date: 10/29/2019 4:00:00 PM

1. 1

Program G	State - Bu	usiness Services	s Division	_	CORPORTOR 2019 OCT 2	
Annual Report for the y		<u> </u>			29 (ATT)	
 → Filing period: September → Filing Fee: \$50.00 → Penalty: Additional \$25.00 	r 1 - Novem		mber 1.	-	PH 3: 37	
1. Entity ID Number	2. Exact n	name of the Limited Lia	ability Company			
108224	1	Street Developers, L	• •			
3. NAICS Code	4. Brief de	scription of the chara	cter of business conducted in I	Rhode Island	· · · · · · · · · · · · · · · · · · ·	
531110	To own, d	To own, develop, improve, manage, lease and operate commercial real estate				
5. State of Formation Rhode Island	_					
6. Principal Office Address	6. Principal Office Address			State	Zip	
621 POUND HILL ROAD			North Smithfield	RI	02896	
7. Mailing Address of Limited Lia		any and Name or Title	of Contact Person			
Contact Name Peter J. Sangermano, III			Contact Title			
Street Address 621 Pound Hill Road			City North Smithfield	State RI	^{Zip} 02896	
8. List ALL managers (names a	nd addresse	s) of the Limited Liabi	lity Company, IF APPLICABLE	E - DO NOT LIST	MEMBERS	
Manager Name			Manager Name	<u> </u>		
Street Address			Street Address			
City	State	Zlp	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
				Check the box to i	indicate an attachment	
9. Resident Agent in Rhode Islan			<u> </u>			
Under penalty of perjury, I dec statements, and that all staten				iny accompanyin	g schedules and	
Name of Authorized Person Date					,	
Peter J. Sangermano, III				10/28	5/19	
Signature of Authorized Person		SIGN DOS	AUMENT 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 **FILED**

OCT 29 2019

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FORM 632 - Revised: 08/2016