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State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

RECEIVED SECRETARY OF STATE CORPORATIONS DIV

2019 NOV -5 PM 2: 02

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.

1. Entity ID Number	2 5		130. 2		
	2. Exact name of the Limited Liability Company				
060532030	9RG, 21C				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
531190	Acquire, Levelop and monoco				
5. State of Formation					
RI RENESTATE					
6. Principal Office Address			City	State	Zip
DI COLLEGE HILL PURS			Wrowick	RZ	02586
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name ROBERT QUIPK			Contact Title  MEn & C		
Street Address Olle Collect Hill Road			CITY PURICE	, ,	Z10 C2886
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					
Marrant. ( & USGUNDE 11/3)19					
Signature of Authorized Person					

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 -

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