

RECEIVED SECRETARY OF STATE CORPORATIONS DIV

2019 NOV 15 PM 1: 15

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 Event on	no of the Linear				
Of O : 10	2. Exact na	2. Exact name of the Limited Liability Company				
001676160	7040	Intresid Keal Estate Holdings LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
5. State of Formation Red Estate Transforment						
RI						
6. Principal Office Address	3		City	State	Zip	
10 Ctsula Rd	&		Smithfeld	RI	02917	
7. Mailing Address of Limit	led Liability Compa	ny and Name o	r Title of Contact Person			
Contact Name	Derehan		Contact Title	Contact Title		
Street Address VC UTSUL RZ			Smith Geld	State 2	2ip 02917	
8. List ALL managers (nar	mes and addresses) of the Limited	Liability Company, IF APPLICABI	E - DO NOT LIST	MEMBERS	
Manager Name			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	Zıp	
	1			Check the box to	indicate an attachment	
9. Resident Agent in Rhoo	de Island. This infom	nation is currently	of record with the Department of Stat			
	, I declare and aff	irm that I have	examined this report, including			
Name of Authorized Person Date						
Stephen M	- Rad			8-17-18		
Signature of Authorized P	erson					
SIMI	//		_			
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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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BY Ch VPPQ2