

RECEIVED SECRETARY OF STATE CORPORATIONS DIV

Annual Report for the year: 2019 **Limited Liability Company** 

2019 NOV 27 PM 4: 11

→ 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. Exact name of the Limited Liability Company                           |                         |                                     |                      |                        |
|---|--|-------------------------|-------------------------------------|----------------------|------------------------|
| 793128  | Ferreira Properties, LLC   |                         |                                     |                      |                        |
| 3. NAICS Code   | Brief description of the character of business conducted in Rhode Island |                         |                                     |                      |                        |
| 531311  | Management of real estate  |                         |                                     |                      |                        |
| 5. State of Formation   | 1  | •                       |                                     |                      |                        |
| RI  |  |                         | _                                   |                      |                        |
| 6. Principal Office Address                                   |  |                         | City                                | State                | Zip                    |
| 162 James Street  |  |                         | East Providence                     | RI                   | 02914                  |
| 7. Mailing Address of Limited Lia                             | ability Compan   | y and Name or Tit       |                                     |                      |                        |
| Contact Name Manuel Ferreira                                  |  |                         | Contact Title Manager               |                      |                        |
| Street Address 162 James Street                               |  |                         | City East Providence                | State RI             | <sup>Zip</sup> 02914   |
| 8. List ALL managers (names a                                 | ·  | of the Limited Lia      | bility Company, IF APPLICABLE       | E - DO NOT LIST      | MEMBERS                |
| Manager Name Manuel Ferreira                                  |  |                         | Manager Name                        |                      |                        |
| Street Address 162 James Street                               |  |                         | Street Address                      |                      |                        |
| City East Providence  | State RI   | <sup>Zip</sup> 02914    | City                                | State                | Zıp                    |
| Manager Name  |  |                         | Manager Name                        |                      |                        |
| Street Address  |  |                         | Street Address                      |                      |                        |
| City  | State  | Zip                     | City                                | State                | Zip                    |
| <u> </u>  |  | L                       | <u></u>                             | Check the box to     | indicate an attachment |
| 9. Resident Agent in Rhode Isla                               | ind. This informa  | ation is currently of r | ecord with the Department of State. | Changes require fili | ng Form 642            |
| Under penalty of perjury, I de statements, and that all state |  |                         |                                     | any accompanyir      | ng schedules and       |
| Name of Authorized Person                                     |  |                         |                                     |                      | 2/ 16                  |
| Manuel Ferreira   |  |                         |                                     |                      |                        |
| Signature of Authorized Person                                | Te   | relie                   | DOCUMENT 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

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