



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

Annual Report for the year: 2019
Limited Liability Company

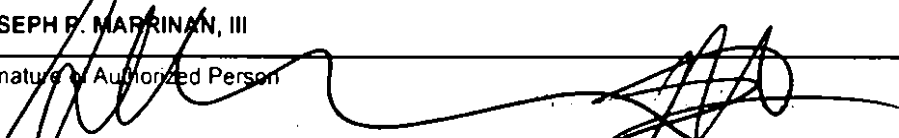
→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

DEC 02 2019

BY 14531 DS

| | | | | | |
|---|-------|---|--------------------|---------------------------|-----|
| 1. Entity ID Number 136120 | | 2. Exact name of the Limited Liability Company MARRINAN REALTY, LLC | | | |
| 3. NAICS Code 531390 | | 4. Brief description of the character of business conducted in Rhode Island OWN, DEVELOP, PURCHASE, SELL AND DEAL IN AND WITH ALL REAL ESTATE | | | |
| 5. State of Formation RHODE ISLAND | | | | | |
| 6. Principal Office Address 200 COMPASS CIRCLE | | City NORTH KINGSTOWN | State RI | Zip 02852 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name JOSEPH P. MARRINAN, III | | | Contact Title | | |
| Street Address 200 COMPASS CIRCLE | | City NORTH KINGSTOWN | State RI | Zip 02852 | |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name NONE | | | 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 <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. | | | | | |
| <i>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.</i> | | | | | |
| Name of Authorized Person JOSEPH P. MARRINAN, III | | | | Date 11/14/2019 | |
| Signature of Authorized Person  | | | | | |

MAIL TO:

Division of Business Services

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