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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

12500

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.

3. NAICS Code 4. Brief description of the character of business conducted in Rhode Island RENTAL REAL ESTATE 5. State of Formation RT 6. Principal Office Address 4. Brief description of the character of business conducted in Rhode Island RENTAL REAL ESTATE 6. Principal Office Address 4. Brief description of the character of business conducted in Rhode Island REAL RESTATE 6. Principal Office Address 4. Brief description of the character of business conducted in Rhode Island REAL RESTATE 6. Principal Office Address 4. Brief Address 4. Brief Address 6. City 6. Contact Title 7. MAKE FIELD 8. State 7. DONE 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE DO NOT LIST MEMBERS Manager Name 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE DO NOT LIST MEMBERS Manager Name 8. Street Address 9. City 9. State 1. City 1. 1. Ci	1. Entity ID Number	O Event name	منا المحافضة المحافة	hills. C			
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5. State of Formation RT 6. Principal Office Address 443 SHANDCK RD 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Contact Name Contact Title NONE Street Address Manager Name NONE Street Address City State NONE Street Address City State City 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 Date	3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
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Signature of Authorized Person And	MARC A. LINDMAN 11/13/2019						
Signature of Authorized Person Mars a Canolin Mars a Canol 12-3-19							

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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