RI SOS Filing Number: 202035397870 Date: 2/27/2020 11:52:00 AM



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2020 FEB 27 A 11: 41

- -> Filing period: September 1 November 1
- → Filing Fee: \$50.00
- -> Penalty: Additional \$25.00 fee if form is not filed by December 1.

4. Brief description of the character of business conducted in Rhode Island to hold real estate 5. State of Formation Rhode Island 6. Principal Office Address 16 Payson Lane City Cumberland 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Jonathan V. Kalander, Esq. City Providence State RI Zip 02903 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS Manager Name Dennis J. McCarten Street Address 83 Stanton Avenue City Narragansett Street Address 12 Oak Hill Drive City Narragansett State RI Zip 02882 City Lincoln State RI Zip 02885 Manager Name Manager Name Manager Name Street Address Street Address Street Address Street Address City Lincoln State RI Zip 02885 City Lincoln Check the box to indicate an attachment 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 Dennis J. McCarten	1. Entity ID Number 98495		2. Exact name of the Limited Liability Company 3918 Realty, LLC				
5. State of Formation Rhode Island 6. Principal Office Address 16 Payson Lane Cumberland 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Jonathan V. Kalander, Esq. City Providence State RI Zip 02903 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS Manager Name Dennis J. McCarten Street Address 83 Stanton Avenue City Narragansett State RI Zip 02882 City Lincoln State RI Zip 02865 Manager Name Street Address Street A	3. NAICS Code		· · · · · · · · · · · · · · · · · · ·				
Rhode Island 6. Principal Office Address 16 Payson Lane Cumberland Cumberland RI 02864 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Jonathan V. Kalander, Esq. Contact Title Attorney Street Address 146 Westminater Street City Providence State RI Zip 02903 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS Manager Name Dennis J. McCarten Street Address Street Address 32 Stanton Avenue City Narragansett State RI Zip 02882 City Lincoln State RI Zip 02865 Manager Name Manager Name Street Address State RI Zip 02865 City Lincoln State RI Zip 02865 City Lincoln State RI Zip 02865 Check the box to indicate an attachme 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 perjuny, 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 Dennis J. McCarten	531110	to hold real					
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Dennis J. McCartan 2/26/7070	Name of Authorized Person Date , , , , , , , , , , , , , , , , , , ,						
Signature of Authorized Person Custon	Signature of Authorized Person	m 4 m 4	arten	W. 181 . 18 . 18			

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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FORM 522 Revised: 10/20

FORM 632 - Revised: 10/20