RI SOS Filing Number: 202037258700 Date: 4/6/2020 2:10:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

2020 APR -

BUU

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 000419187 | 2. Exact name of the Limited Liability Company R.E. DeHART, LLC | | | | | |
|--|--|-------------------|-----------------------------|----------|----------------------|--|
| 3. NAICS Code | Brief description of the character of business conducted in Rhode Island | | | | | |
| 236118 | GENERAL CONTRACTING, RESIDENTIAL REMODELING AND CONSTRUCTION | | | | | |
| 5. State of Formation RI | | | | | | |
| 6. Principal Office Address | | | City | State | Zip | |
| One Financial Plaza, 18th Floor | | | Providence | RI | 02903 | |
| 7 Mailing Address of Limited Lia | culity Compan | and Name or Title | | | | |
| Contact Name W. Parish Lentz | | | Contact Tile Resident Agent | | | |
| Street Address One Financial Plaza, 18th Floor | | | City Providence | State RI | ^{Zip} 02903 | |
| 8. List ALL managers (names and addresses) of the Limited Liability Company IF APPLICABLE - DO NOT LIST MEMBERS | | | | | | |
| Marager Name | | | Manager Name | | | |
| Street Address | | | Street Accress | | | |
| City | State | Ζp | C :y | State | Ζp | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zıp | City | State | Zıp | |
| 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 | | | | | | |
| W. PARISH LENTZ 3/31/2020 | | | | | | |
| Signature of Authorized Person SIGN LICK FILITINE SIGN LICK FILI | | | | | | |

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 au DD2R6

2.10 FORM 632 - Revised: 10/2017