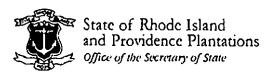
RI SOS Filing Number: 202040982960 Date: 5/27/2020 2:54:00 PM



A. Raiph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2018

Filing Period: September 1 - November 1 - Filing Fee: \$50.00° - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law

### Address Street Ad	R.I.G.L. 7-16-66 (bdr))) is subject to a penalty fee of	\$25.00.		any (50) arys agair an anne f	printing all		
RI REALTY 5. Principal affice address 36 DERBYSHIRE DRIVE 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OP CONTACT PERSON: Contact Name JESSICA L. BRAZA PRESIDENT State Carry CRANSTON RI Cap PRESIDENT State 7. NAME AND ADDRESS OP BACH MANAGER OF THE LIMITED LIABILITY COMPANY. IF APPLICABLY - DO NOT LIST MEMBE FILL IN SPACES BEFORE USING ATTACHMENTS. ("X" BOX FOR ATTACHMENT) Manager Name Street Address Stre								
36 DERBYSHIRE DRIVE 6. MAILING ADDRESS OF JUNITED LIABILITY COMPANY AND NAME, OR THE OF CONTACT PERSON: Comment Name		4. Hard descrip REALTY	4. Hely description of the character of the business which is actually conducted in Rhode Island (531110)					
Contact Title				l ·				
36 DERBYSHIRE DRIVE 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE DO NOT LIST MEMBE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) Manager Name Manager Name	Contact Name		BILITY COMPANY AN	Contact Tile	T PERSON:	·		
Street Address					l l			
Street Address City State Zip City State Zip Manager Name Manager Name Manager Name Street Address City State Zip City State Zip 8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11 FILED 3:57	7. NAME AND ADI							
City State Zip City State Zip Manager Name Manager Name Street Address City State Zip City State Zip 8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11 FILED 3:54	Manager Name			Manager Name				
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8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11	Manager Name		•••••••••••••••••••	Manager Name		,		
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11 FILED 3:54	irrer Address		-	Street Address	·			
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				of State. Changes require filing of	Form 642 - R.I.G.L. 7-1	16-11		
				FII	Fn 2:5	4		
This report must be executed by an authorized person pursuant to R.I.G.I. 7.16.66 (b)						RECEIV R.I. DEPT. OF BUS SVCS		

531472

File Date
Check No
R:
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this	report
including any accompanying schedules and statements, and that all state	ment
contained berein are true and correct.	

JÉSSICA BRAZA

Print or Type Name of Authorized Person