



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph 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 2017

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 (R.I.G.L. 7-16-66 (b)(6)) is subject to a penalty fee of \$25.00.

1. ID No. 531472		2. Exact name of the limited liability company EXIST ON THE LIST, LLC			
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island REALTY (531110)			
5. Principal office address 36 DERBYSHIRE DRIVE		City CRANSTON		State RI	Zip 02921
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JESSICA L. BRAZA			Contact Title PRESIDENT		
Street Address 36 DERBYSHIRE DRIVE		City CRANSTON		State RI	Zip 02921
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name			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
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

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MAY 27 2020

BY KL 251 DA

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

531472

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.

Jessica Braza  
Signature of Authorized Person

9/24/19  
Date

JESSICA BRAZA

Print or Type Name of Authorized Person

File Date	_____
Check No	_____
By	_____
FOR SECRETARY OF STATE USE ONLY	