RI SOS Filing Number: 202043218930 Date: 6/24/2020 11:33:00 AM



State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: **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.

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1. Entity ID Number	3. Function	- <b>4</b> - <b>1</b> - 1 - 1 - 1 - 1	No. 15 A Company of the Company of t			
GOZICIA	2. Exact name of the Limited Liability Company  Plumber Properties LLC					
10018V	Ρ/	UMBER	r roperti	e/5	466	
3. NAICS COOP 10	4. Brief description of the character of business conducted in Rhode Island					
5. State of Formation 0 27 A 160056						
$\sim$						
6. Principal Office Address			City	State	Zip 028 %	
			oity N Smith field	RI	028 %	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name William Hartst			Contact Title O W MC			
Street Address 117 Brent Wood drive			city N smithfield	State RI	zip O28 96	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name Manager Name					<del>1 </del>	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
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					<del></del>	
Signature of Authorized Person  (12)					7 - 20	
Signature of Authorized Person						
I $M$ $G$						

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

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FORM 632 - Revised: 10/2017