	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S		
HOPE	Providence RI 0290 (401) 222-304		
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2019</u>		
1. ID No. <u>00168127</u>	7		
2. Exact Name of the Li	mited Liability Company <u>DRSM I</u>	Properties LLC	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
0	Code that best describes the primary e information on <u>NAICS</u> can be found		he entity. Download
<u>531311</u>			
		ie Actuelly Conductor	
4. Brief Description of th	e Character of the Business Which	i is Actually Conducted	I in Rhode Island
4. Brief Description of th <u>REAL STATE PROPER</u>		i is Actually Conducted	I in Rhode Island
	TY MANAGEMENT.		in Rhode Island
REAL STATE PROPER 5. Principal Office Addre No. and Street: 2701	<u>ETY MANAGEMENT.</u> SS HARTFORD AVENUE	ate: <u>RI</u> Zip: <u>02919</u>	I in Rhode Island Country: <u>USA</u>
REAL STATE PROPER 5. Principal Office Addre No. and Street: 2701 City or Town: JOHN	TY MANAGEMENT. SS HARTFORD AVENUE	rate: <u>RI</u> Zip: <u>02919</u>	Country: <u>USA</u>
REAL STATE PROPER 5. Principal Office Addre No. and Street: 2701 City or Town: JOHN 6. Mailing Address of Line Contact Name: DANISH	CTY MANAGEMENT. Pss HARTFORD AVENUE NSTON mited Liability Company and Name RAHAT Contact Title: PRINCIPAL	rate: <u>RI</u> Zip: <u>02919</u>	Country: <u>USA</u>
REAL STATE PROPER 5. Principal Office Addre No. and Street: 2701 City or Town: JOHN 6. Mailing Address of Line Contact Name: DANISH No. and Street: 2701	ETY MANAGEMENT. PSS HARTFORD AVENUE NSTON St mited Liability Company and Name	ate: <u>RI</u> Zip: <u>02919</u> or Title of Contact Pe	Country: <u>USA</u>
REAL STATE PROPER 5. Principal Office Addre No. and Street: 2701 City or Town: JOHN 6. Mailing Address of Line Contact Name: DANISH No. and Street: 2701 City or Town: JOHN	CTY MANAGEMENT. ess HARTFORD AVENUE NSTON Si mited Liability Company and Name RAHAT Contact Title: PRINCIPAL HARTFORD AVE State NSTON State * Each Manager of the Limited Liab State	rate: <u>RI</u> Zip: <u>02919</u> e or Title of Contact Pe : <u>RI</u> Zip: <u>02919</u>	Country: <u>USA</u> rson: Country: <u>USA</u>
REAL STATE PROPER 5. Principal Office Addre No. and Street: 2701 City or Town: JOHN 6. Mailing Address of Lin Contact Name: DANISH No. and Street: 2701 City or Town: JOHN 6. Mailing Address of Lin Contact Name: DANISH No. and Street: 2701 City or Town: JOHN 7. Name and Address of	CTY MANAGEMENT. ess HARTFORD AVENUE NSTON Si mited Liability Company and Name RAHAT Contact Title: PRINCIPAL HARTFORD AVE State NSTON State * Each Manager of the Limited Liab State	rate: <u>RI</u> Zip: <u>02919</u> e or Title of Contact Pe : <u>RI</u> Zip: <u>02919</u>	Country: <u>USA</u> rson: Country: <u>USA</u> icable.

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

MICHAEL J. MURRAY, ESQ. <u>37 MILL STREET</u> <u>NEWPORT</u>, <u>RI</u> <u>02840</u>

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

Signed this 18 Day of August, 2020 at 12:57:48 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By SHOAIB MUHAMMAD

Signature of Authorized Person

Form No. 632 Revised 09/07

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