	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River St Providence RI 0290	reet	
HOPE	(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 presci penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	2020		
1. ID No. <u>00169097</u>	0		
2. Exact Name of the Li	mited Liability Company Pachyder	m Properties, LLC	
3. State of Formation			
State: <u>DE</u>			
	ARTICLE III		
0	ARTICLE III Code that best describes the primary e information on <u>NAICS</u> can be found		y the entity. Download
the list of codes <u>here.</u> Mor <u>531190</u>	Code that best describes the primary e information on <u>NAICS</u> can be found	online.	
the list of codes <u>here.</u> Mor <u>531190</u>	Code that best describes the primary	online.	
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8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

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

Signed this 23 Day of September, 2020 at 12:13:34 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 <u>KELLY LETTMANN</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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