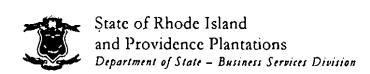
RI SOS Filing Number: 202057878470 Date: 9/24/2020 4:00:00 PM





148 W. River Street Providence, RJ 02904-2615 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR ______ 2020

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

*In accordance with R1.G.L. 7-16-66 (d), each limited liability company falling or refusing to file its annual report within thirty (30) days after the time prescribed by law (R1.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

001675839	2. Exact name of the limited liability company Homestead Property Management, LLC			3. NAIS	31312
4. Brief description of the character of the business which is actually condi- To purchase, hold, develop, rent and sell real esta					•
6. Principal office address 84 Greene Street			City North Smithfield	State RI	2 <i>ip</i> 02896
7. MAILING ADDR Contact Name David A. Degra		BILITY COMPANY AND	NAME OR TITLE OF CONTACT P Contact Title Manager	ERSON:	
Street Address 84 Greene Street			City North Smithfield	State	2 <i>ip</i> 02896
Manager Name	FILL IN SPAC	GER OF THE LIMITED ES BEFORE USING ATT,	Manager Nume		LIST MEMBER
8. NAME AND ADD Munager Name David A. Degr Street Address 84 Greene Streene	FILL IN SPAC		ACHMENTS ("X" BOX FOR AT		LIST MEMBER
Munuger Name David A. Degr	range eet State		ACHMENTS ("X" BOX FOR AT Manager Name Cindy A. Degrange Street Address		Zip 02896
Manager Name David A. Degr Street Address 84 Greene Stree City	range eet	ES BEFORE USING ATT,	ACHMENTS ("X" BOX FOR AT Manager Name Cindy A. Degrange Street Address 84 Greene Street City	TACHMENT)	Zip
Munuger Name David A. Degr Street Address 84 Greene Stree City North Smithfie	range eet	ES BEFORE USING ATT,	ACHMENTS ("X" BOX FOR AT Manager Name Cindy A. Degrange Street Address 84 Greene Street City North Smithfield	TACHMENT)	Zip
Manager Name David A. Degr Street Address 84 Greene Stree City North Smithfie Manager Name	range eet	ES BEFORE USING ATT,	ACHMENTS ("X" BOX FOR AT Manager Name Cindy A. Degrange Street Address 84 Greene Street City North Smithfield Manager Name	TACHMENT)	Zip

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

File Date	<u> </u>
Check No.	
Ву:	
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 statements contained herein are true and correct.

Signature of Authorized Herson Date

David A. Degrange, Manager

Print or Type Name of Authorized Person