



State of Rhode Island
and Providence Plantations
Department of State – Business Services Division

FILED
SEP 24 2020
315

148 W. River Street
Providence, RI 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 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 (h&c)) is subject to a penalty fee of \$25.00.

1. ID No. 001675839		2. Exact name of the limited liability company Homestead Property Management, LLC		3. NAICS Code 531312	
4. Brief description of the character of the business which is actually conducted in Rhode Island To purchase, hold, develop, rent and sell real estate.				5. State of Formation Rhode Island	
6. Principal office address 84 Greene Street		City North Smithfield		State RI	Zip 02896
7. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name David A. Degrange		Contact Title Manager			
Street Address 84 Greene Street		City North Smithfield		State RI	Zip 02896
8. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name David A. Degrange		Manager Name Cindy A. Degrange			
Street Address 84 Greene Street		Street Address 84 Greene Street			
City North Smithfield	State RI	Zip 02896	City North Smithfield	State RI	Zip 02896
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. 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 Orson and Brusini Ltd.					

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

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.

David Degrange 9-17-2020
Signature of Authorized Person Date

David A. Degrange, Manager

Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
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