	State of Rhode Office of the Secreta	
		rry of State
	Division Of Business 148 W. River St Providence RI 0290	treet
HOPE	(401) 222-304	
Limited Liability Comp Annual Report Filing Period: September 1 -		
	7-16-66(d), each limited liability comp n thirty (30) days after the time presc nenalty fee of \$25.00.	
ANNUAL REPORT YEAR:	2020	
1. ID No. <u>001338553</u>		
2. Exact Name of the Lin	nited Liability Company <u>23 AUT</u>	UMN, LLC
3. State of Formation		
State: <u>RI</u>		
-	information on <u>NAICS</u> can be found	business conducted by the entity. Download online.
4. Brief Description of the	Character of the Business Which	n is Actually Conducted in Rhode Island
OWNERSHIP OF REAL	ESTATE AND LEASING OF RI	EAL ESTATE.
5. Principal Office Addres	S	
	AUTUMN RD ARLESTOWN State: <u>RI</u>	Zip: <u>02813</u> Country: <u>USA</u>
6. Mailing Address of Lim	nited Liability Company and Name	e or Title of Contact Person:
	<u>J DURAN</u> Contact Title: MANAGE SSASOIT ROAD <u>IUA</u> State:	
•	Each Manager of the Limited Liab	pility Company, if Applicable.
·	S	
7. Name and Address of I	S Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

REGISTERED AGENTS INC. 47 WOOD AVENUE, SUITE 2 BARRINGTON, RI 02806

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

**Signed this 29 Day of September, 2020 at 3:38:43 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 MICHAEL J DURAN

Signature of Authorized Person

Form No. 632 Revised 09/07

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