RI SOS Filing Number: 202059369200 Date: 9/25/2020 4:00:00 PM

| | State of Rhode Island and Providence Plantations Department of State - Business Services D |)ivisio |
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2020

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SEP 2 5 2020 _

Annual Report for the year: Limited Liability Company

-> Filing period: September 1 - November 1

→ Filing Fee: \$50.00

-> Penalty Additional \$25 00 fee if form is not filed by December 1

| 1. Entity ID Number | 2 Evactinat | me of the Limite | rd Labelta Company | | | | |
|---|--|-------------------------------|--|--------------------|------------------------|--|--|
| 000147342 | 2 Exact name of the Limited Liability Company RAS Properties, LLC | | | | | | |
| a meretina i | | | | | | | |
| 531110 | Brief description of the character of business conducted in Rhode Island Real Estate Holding | | | | | | |
| ত State of Formation |] | | | | | | |
| Rhode Island | | | | | | | |
| 8 Principal Office Address | | | City | State | Zip | | |
| 81-8 Western industrial Drive | | | Cranston | RI | 02921 | | |
| 7 Mailing Address of Limited Lie | | ny and Name or | Title of Contact Person | | | | |
| Contact Name Richard St. Angel | lo | • | Contact Title Owner | | | | |
| Street Address 81-B Western Ind | lustrial Drive | • | City Cranston | State RI | ^{Zip} 02921 | | |
| 8 List ALL managers (names a | nd addresses |) of the Limited | Liability Company, IF APPLICA | BLE - DO NOT LIST | MEMBERS | | |
| Manager Name | | - " | Manager Name | | | | |
| Street Address | | | Street Address | | | | |
| Crty | State | Zip | City | State | Zip | | |
| Manager Name | | | Manager Name | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | Crty | State | Zıp | | |
| | | | | Check the box to | indicate an attachment | | |
| 9 Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642 | | | | | | | |
| Under penalty of perjury, I dec statements, and that all states | lare and affi nents contel | rm that I have ned herein are | examined this report, includir true and correct. | ng any accompanyin | ig schedules and | | |
| Name of Authorized Person | Date | Date | | | | | |
| Richard St. Angelo | Septen | September 22, 2020 | | | | | |
| Signature bl Adhorized Person | | | | <u> </u> | · | | |
| Licha & S. | selv- | SIGN - | DOCUMENT HERE | | | | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov