RI SOS Filing Number: 202062997650 Date: 10/6/2020 4:00:00 PM

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 2020

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.

Entity ID Number	In Event n	ama of the Limite.	d Linbilla Commons			
1. Charles to Number	2. Exact na	2. Exact name of the Limited Liability Company				
101661	Provid	Providence Renalty Associates, LLC				
3 NAICS Code	4. Brief de	Brief description of the character of business conducted in Rhode Island				
	managa	roal catatr				
531110	manage	manage real estate.				
5. State of Formation						
RHODE ISLAND	<u></u>	-	Τ-	T-		
6. Principal Office Address			City	State	Zip	
155 South Main Street, Suite 100			Providence	RI	02903	
7. Mailing Address of Limited	-			I KI	102303	
Contact Name			Contact Title			
Salvatore C. Santi	11i		Sometime			
Street Address			City	State	Zip	
155 South Main Street, Suite 100			Providence	l <sub>RI</sub>	02903	
			lity Company, IF APPLICABLE	- DO NOT LIST MEN	IBERS	
Manager Name			Manager Name			
Salvatore C. Santi	11i				. <u>-</u>	
Street Address			Street Address			
155 South Main Str		100		<u>,</u>		
City	State	Zip	City	State	Zip	
Providence	RI	02903		i		
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zıp	
			Che	eck the box to indicat	e an attachment	
9. Resident Agent in Rhode	Island. This informs	ation is currently of i	ecord with the Department of Sta	te. Changes require filin	g Form 642.	
			mined this report, including			
statements, and that all state					<i>i</i>	
Name of Authorized Person						
1					19/30/21	
Salvatore C. Santi						
Signature of Authorized Per	70 C	j		//		
I Suddin (	JULIA N	- Jasen	n.			

## MAIL TO:

**Division of Business Services** 

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

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