	State of Rhode Office of the Secreta		Fee: \$50.00	
	Division Of Business 148 W. River S Providence RI 0290	treet		
HOPE	(401) 222-304			
Limited Liability Com Annual Report Filing Period: September 1				
	7-16-66(d), each limited liability comp in thirty (30) days after the time presc penalty fee of \$25.00.			
ANNUAL REPORT YEAR:	<u>2020</u>			
1. ID No. <u>000910996</u>	<u>5</u>			
2. Exact Name of the Limited Liability Company $\underline{AREC 21, LLC}$				
3. State of Formation				
State: <u>NV</u>				
	ARTICLE III			
-	Code that best describes the primary e information on <u>NAICS</u> can be found	-	ity. Download	
	e Character of the Business Which	is Actually Conducted in Rh	ode Island	
TO OWN AND OPERA	TE REAL PROPERTY			
5. Principal Office Addre	SS			
	<u>N. CENTRAL AVE</u> <u>ENIX</u> State	: <u>AZ</u> Zip: <u>85004</u> Cour	ntry: <u>USA</u>	
6. Mailing Address of Lir	nited Liability Company and Name	or Title of Contact Person:		
	N CENTRAL AVENUE			
City or Town: <u>PHOE</u>	<u>INIX</u> Sta	nte: <u>AZ</u> Zip: <u>85004</u> Cou	untry: <u>USA</u>	
7. Name and Address of DO NOT LIST MEMBEI	Each Manager of the Limited Liak RS	ility Company, if Applicable		
Title	Individual Name	Address		
	First, Middle, Last, Suffix	Address, City or Town, State, Zip	Code, Country	
MANAGER	EDWARD J SHOEN	2727 N. CENTRAL PHOENIX, AZ 85004 U		
MANAGER	JASON A BERG	2727 N CENTRAL	AVE	

		PHOENIX, AZ 85004 USA
MANAGER	MATTHEW F BRACCIA	2727 N CENTRAL AVENUE PHOENIX, AZ 85004 USA
MANAGER	WILLIAM BLEIER	1209 ORANGE STREET WILMINGTON, DE 19801 USA
MANAGER	SEAN EMERICK	1209 ORANGE STREET WILMINGTON, DE 19801 USA

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

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

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

Signed this 9 Day of October, 2020 at 2:04:14 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 MATTHEW F BRACCIA

Signature of Authorized Person

Form No. 632 Revised 09/07

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