RI SOS Filing Number: 202065338270 Date: 10/13/2020 4:00:00 PM

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.

| 1. Entity ID Number<br>000107541         |                    | 2. Exact name of the Limited Liability Company  Ursillo, Taitry & Ritch Pooling IV, LLC |                                |                   |                              |  |
|--|--------------------|---|--------------------------------|-------------------|------------------------------|--|
| <del></del>                              |                    | Ursillo, Teitz & Ritch Realty IV, LLC   |                                |                   |                              |  |
| 3. NAICS Code                            | 4. Brief de        | Bnef description of the character of business conducted in Rhode Island                 |                                |                   |                              |  |
| 531390                                   | Real estate        | Real estate holding   |                                |                   |                              |  |
| 5. State of Formation                    | 7                  |   |                                |                   |                              |  |
| Rhode Island                             |                    |   |                                |                   |                              |  |
| 6. Principal Office Address              | <u></u>            |   | City                           | State             | Zip                          |  |
| 2 Williams Street                        |                    |   | Providence                     | RI                | 02903                        |  |
| 7. Mailing Address of Limite             | ed Liability Compa | any and Name o  | Title of Contact Person        | <u> </u>          | <del>_</del>                 |  |
| Contact Name Scott A. Ritch              |                    |   | Contact Title                  |                   |                              |  |
| Street Address 2 Williams Street         |                    |   | City Providence                | State RI          | Z <sub>IP</sub> 02903        |  |
| 8. List ALL managers (nam                | nes and addresse   | s) of the Limited   | Liability Company, IF APPLICAL | BLE - DO NOT LIST | MEMBERS                      |  |
| Manager Name N/A                         |                    |   | Manager Name                   |                   |                              |  |
| Street Address                           |                    |   | Street Address                 |                   |                              |  |
| City                                     | State              | Zip   | City                           | State             | Zip                          |  |
| Manager Name                             |                    |   | Manager Name                   |                   |                              |  |
| Street Address                           |                    |   | Street Address                 |                   |                              |  |
| City                                     | State              | Zip   | City                           | State             | Zip                          |  |
| <del></del>                              |                    |   |                                | Check the box to  | I<br>indicate an attachment∏ |  |
| 9. The Resident Agent infor              | mation currently   | of record with the  | RI Department of State is accu |                   |                              |  |
|  | l declare and aff  | irm that I have   | examined this report, includin |                   |                              |  |
| Name of Authorized Person  Scott A-Ritch |                    |   |                                | Date 10-8-2020    |                              |  |
| Signature of Authorized Pe               | pson /             |   | 770 A 6 754 FB                 |                   |                              |  |
|  | <del></del>        | <u> </u>  |                                |                   | <del></del>                  |  |

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov OCT 13 2020 VM

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