| | State of Rhode Office of the Secreta | | Fee: \$50.00 |
|---|--|---|---------------------------------------|
| | Division Of Business 148 W. River St Providence RI 0290 | reet | |
| HOPE | (401) 222-304 | | |
| Limited Liability Com Annual Report Filing Period: September 1 | | | |
| | 7-16-66(d), each limited liability comp n thirty (30) days after the time presci penalty fee of \$25.00. | | |
| ANNUAL REPORT YEAR: | <u>2020</u> | | |
| 1. ID No. <u>000796726</u> | 2 | | |
| 2. Exact Name of the Li | nited Liability Company MOUNT | PLEASANT AVENU | JE LLC |
| 3. State of Formation | | | |
| State: <u>RI</u> | | | |
| | ARTICLE III | | |
| 0 | Code that best describes the primary e information on <u>NAICS</u> can be found | • | he entity. Download |
| <u>531390</u> | | | |
| 4. Brief Description of the | e Character of the Business Which | is Actually Conducted | d in Rhode Island |
| <u>REAL ESTATE</u> | | | |
| 5. Principal Office Addres | SS | | |
| | SQUANTUM DRIVE RWICK Stat | e: <u>RI</u> Zip: <u>02888</u> | Country: <u>USA</u> |
| | | | • |
| 6. Mailing Address of Lir | nited Liability Company and Name | or Title of Contact Pe | rson: |
| Contact Name: DEBRA | C. PILKINGTON Contact Title: MAN | or Title of Contact Pe | rson: |
| Contact Name: <u>DEBRA (</u> No. and Street: <u>210 S</u> | | AGER | rson: Country: <u>USA</u> |
| Contact Name: <u>DEBRA (</u> No. and Street: <u>210 S</u> City or Town: <u>WAR</u> | C. PILKINGTON Contact Title: MAN QUANTUM DRIVE WICK State Each Manager of the Limited Liab | IAGER e: <u>RI</u> Zip: <u>02888</u> | Country: <u>USA</u> |
| Contact Name: <u>DEBRA (</u> No. and Street: <u>210 S</u> City or Town: <u>WAR</u> 7. Name and Address of | C. PILKINGTON Contact Title: MAN QUANTUM DRIVE WICK State Each Manager of the Limited Liab | IAGER e: <u>RI</u> Zip: <u>02888</u> | Country: <u>USA</u> icable. ess |

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

LYNN E. RILEY, ESQ. 301 PROMENADE STREET PROVIDENCE, RI 02908

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

Signed this 19 Day of October, 2020 at 4:20:48 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 DEBRA C. PILKINGTON, MANAGER

Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2020 State of Rhode Island All Rights Reserved