RI SOS Filing Number: 202066274270 Date: 10/19/2020 4:00:00 PM E/V BUS CERT State of Rhode Island Department of State - Business Services Division 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. 2. Exact name of the Limited Liability Company 1. Entity ID Number)evelopment, LLC 001692051 and 4. Brief description of the character of business conducted in Rhode Island Real Estate State 6. Principal Office Address 02920 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person **Contact Title** Contact Name owner ^{Zip} 02920 City Street Address and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS 8. List ALL managers (names Manager Name Manager Name Street Address Street Address

9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.

City

City

Manager Name

Street Address

1)24920

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Name of Authorized Person

Michael J. Valelle

State

Zip

Zip

Date

State

State

10/14/2020

Check the box to indicate an attachment

Zip

Zip

Signature of Authorized Person

MAIL TO:

City

City

Manager Name

Street Address

Division of Business Services

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

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

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BY Ch AA96R