	State of Rhode Office of the Secret		Fee: \$50.0
	Division Of Busines		
	148 W. River S		
HORE	Providence RI 029 (401) 222-30		
TOPE			
Limited Liability Cor Annual Report	mpany		
Filing Period: September	1 - November 1		
	L. 7-16-66(d), each limited liability con thin thirty (30) days after the time pres		
6-66(b&c)) is subject to a	a penalty fee of \$25.00.		
ANNUAL REPORT YEAF	R: <u>2020</u>		
1. ID No. <u>00027148</u>	88		
2. Exact Name of the L	Limited Liability Company <u>FERRE</u>	LL REAL ESTATE	ENTERPRISES LLC
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
the list of codes here. Mo	S Code that best describes the primary ore information on <u>NAICS</u> can be found		by the entity. Download
<u>531110</u>			
4. Brief Description of t	the Character of the Business Whic	h is Actually Condu	cted in Rhode Island
REAL ESTATE/RENT	AL PROPERTY		
REAL ESTATE/RENT	<u>'AL PROPERTY</u>		
REAL ESTATE/RENT 5. Principal Office Addr			
5. Principal Office Addr			
5. Principal Office Addr No. and Street: <u>1</u>	ress	<u>I</u> Zip: <u>02878</u>	Country: <u>USA</u>
5. Principal Office Addr No. and Street: <u>1</u> City or Town: <u>1</u>	ress 1246 FISH ROAD		•
5. Principal Office Addr No. and Street: <u>1</u> City or Town: <u>1</u>	ress 1246 FISH ROAD <u>FIVERTON</u> State: <u>R</u> -imited Liability Company and Nam		•
5. Principal Office Addr No. and Street: 1 City or Town: 1 6. Mailing Address of L Contact Name: Contact No. and Street: 12	ress 1246 FISH ROAD 1246 FISH ROAD FIVERTON State: R _imited Liability Company and Name ct Title: 246 FISH ROAD	e or Title of Contac	t Person:
5. Principal Office Addr No. and Street: 1 City or Town: 1 6. Mailing Address of L Contact Name: Contact No. and Street: 12	ress 1246 FISH ROAD <u>FIVERTON</u> State: <u>R</u> _imited Liability Company and Name ct Title:	e or Title of Contac	•
5. Principal Office Addr No. and Street: 1 City or Town: 1 6. Mailing Address of L Contact Name: Contact No. and Street: 12 City or Town: 11	ress I246 FISH ROAD IVERTON State: R _imited Liability Company and Name ct Title: 246 FISH ROAD VERTON State: R of Each Manager of the Limited Lia	le or Title of Contac	t Person: Country: <u>USA</u>
5. Principal Office Addr No. and Street: 1 City or Town: 1 6. Mailing Address of L Contact Name: Contact No. and Street: 12 City or Town: 11 7. Name and Address of	ress I246 FISH ROAD IVERTON State: R _imited Liability Company and Name ct Title: 246 FISH ROAD VERTON State: R of Each Manager of the Limited Lia	e or Title of Contac Zip: <u>02878</u> bility Company, if A	t Person: Country: <u>USA</u>

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

ROY A. FERRELL 1246 FISH ROAD TIVERTON, RI 02878

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

Signed this 21 Day of October, 2020 at 1:21:29 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 <u>ANNETTE FERRELL</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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