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<u>531190</u>	
4. Brief Description of the Character of the Business Which is Actually Conducted in Rh	ode Island
MY WIFE AND I OWN THE HOUSE WE RENT OUT TO OTHERS IN NEWPORT,	RI.
5. Drineirol Office Address	
5. Principal Office Address	
No. and Street: <u>11 ODONNELL ROAD</u>	
City or Town: MIDDLETOWN State: <u>RI</u> Zip: <u>02842</u> Count	try: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:	
Contact Name: DANIEL PARIS Contact Title: MR.	
No. and Street: <u>11 ODONNELL RD</u>	
City or Town: <u>MIDDLETOWN</u> State: <u>RI</u> Zip: <u>02842</u> Country	ry: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS	
Title Individual Name Address	
First, Middle, Last, Suffix Address, City or Town, State, Zip 0	

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

<u>GREGORY F. FATER, ESQ.</u> <u>55 MEMORIAL BOULEVARD</u> <u>NEWPORT</u>, <u>RI</u> <u>02840</u>

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 4:14:31 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 DANIEL PARIS

Signature of Authorized Person

Form No. 632 Revised 09/07

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