	State of Rhode Islar Office of the Secretary o	200000
	Division Of Business Serv 148 W. River Street	ices
	Providence RI 02904-26 (401) 222-3040	15
HOPE		
Limited Liability Com Annual Report Filing Period: September 1		
	7-16-66(d), each limited liability company i in thirty (30) days after the time prescribed penalty fee of \$25.00.	
ANNUAL REPORT YEAR	<u>2020</u>	
1. ID No. <u>00169740</u>	<u>0</u>	
2. Exact Name of the Li	mited Liability Company Gauvin Realty	LLC
3. State of Formation		
State: <u>RI</u>		
	ARTICLE III	
the list of codes here. Mor	Code that best describes the primary busin e information on <u>NAICS</u> can be found online	· · ·
-		
the list of codes <u>here.</u> Mor <u>531110</u>		3.
the list of codes <u>here.</u> Mor <u>531110</u>	e information on <u>NAICS</u> can be found online	3.
the list of codes <u>here.</u> Mor <u>531110</u> 4. Brief Description of th	e information on <u>NAICS</u> can be found online ne Character of the Business Which is A	3.
the list of codes <u>here.</u> Mor <u>531110</u> 4. Brief Description of th <u>REAL ESTATE</u> 5. Principal Office Addre No. and Street: <u>P.O</u>	e information on <u>NAICS</u> can be found online ne Character of the Business Which is A	3.
the list of codes <u>here.</u> Mor <u>531110</u> 4. Brief Description of th <u>REAL ESTATE</u> 5. Principal Office Addre No. and Street: <u>P.O</u> City or Town: <u>NO</u>	e information on <u>NAICS</u> can be found online the Character of the Business Which is A ress <u>. BOX 1603</u>	ctually Conducted in Rhode Island
the list of codes here. Mor 531110 4. Brief Description of the Des	e information on <u>NAICS</u> can be found online the Character of the Business Which is A ass <u>BOX 1603</u> <u>RTH KINGSTOWN</u> State: <u>RI</u> mited Liability Company and Name or T Title: JRBER BLVD, SUITE D	ctually Conducted in Rhode Island Zip: <u>02852</u> Country: <u>USA</u> itle of Contact Person:
the list of codes here. Mor <u>531110</u> 4. Brief Description of th <u>REAL ESTATE</u> 5. Principal Office Addre No. and Street: <u>P.O</u> City or Town: <u>NO</u> 6. Mailing Address of Li Contact Name: Contact No. and Street: <u>9 THU</u> City or Town: <u>SMIT</u>	e information on <u>NAICS</u> can be found online the Character of the Business Which is A ass <u>BOX 1603</u> <u>RTH KINGSTOWN</u> State: <u>RI</u> mited Liability Company and Name or T Title: <u>JRBER BLVD, SUITE D</u> <u>HFIELD</u> State:	ctually Conducted in Rhode Island Zip: <u>02852</u> Country: <u>USA</u> itle of Contact Person: <u>RI</u> Zip: <u>02917</u> Country: <u>USA</u>
the list of codes here. Mor <u>531110</u> 4. Brief Description of th <u>REAL ESTATE</u> 5. Principal Office Addre No. and Street: <u>P.O</u> City or Town: <u>NO</u> 6. Mailing Address of Li Contact Name: Contact No. and Street: <u>9 THU</u> City or Town: <u>SMIT</u>	e information on <u>NAICS</u> can be found online the Character of the Business Which is A ass <u>BOX 1603</u> <u>RTH KINGSTOWN</u> State: <u>RI</u> mited Liability Company and Name or T Title: <u>JRBER BLVD, SUITE D</u> <u>HFIELD</u> State: Each Manager of the Limited Liability	ctually Conducted in Rhode Island Zip: <u>02852</u> Country: <u>USA</u> itle of Contact Person: <u>RI</u> Zip: <u>02917</u> Country: <u>USA</u>
the list of codes here. Mor <u>531110</u> 4. Brief Description of th <u>REAL ESTATE</u> 5. Principal Office Addre No. and Street: <u>P.O</u> City or Town: <u>NO</u> 6. Mailing Address of Li Contact Name: Contact No. and Street: <u>9 THU</u> City or Town: <u>SMITH</u> 7. Name and Address of	e information on <u>NAICS</u> can be found online the Character of the Business Which is A ass <u>. BOX 1603</u> <u>RTH KINGSTOWN</u> State: <u>RI</u> mited Liability Company and Name or T Title: <u>JRBER BLVD, SUITE D</u> <u>HFIELD</u> State: Each Manager of the Limited Liability of RS Individual Name	ctually Conducted in Rhode Island Zip: <u>02852</u> Country: <u>USA</u> itle of Contact Person: <u>RI</u> Zip: <u>02917</u> Country: <u>USA</u>

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

<u>AFFILIATED OFFICES OF NICHOLSON & ASSOCIATES, LLC</u> <u>9 THURBER BLVD</u> <u>SUITE D</u> <u>SMITHFIELD</u>, <u>RI</u> <u>02917</u>

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

Signed this 27 Day of October, 2020 at 11:00:38 AM 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>RICHARD W NICHOLSON</u> Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2020 State of Rhode Island All Rights Reserved