	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S Providence RI 0290	treet	
HOPE	(401) 222-30		
Limited Liability Comp Annual Report Filing Period: September 1 -	·		
	7-16-66(d), each limited liability com a thirty (30) days after the time presc enalty fee of \$25.00.		-
ANNUAL REPORT YEAR:	2020		
1. ID No. <u>000117112</u>			
2. Exact Name of the Limited Liability Company <u>RESPRO REALTY, LLC</u>			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>531110</u>			
4. Brief Description of the	Character of the Business Which	is Actually Conducte	ed in Rhode Island
REAL ESTATE HOLDI	NG COMPANY		
5. Principal Office Addres	S		
	VICKENDEN STREET VIDENCE St	ate: <u>RI</u> Zip: <u>02903</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: <u>OSWALD SCHWARTZ</u> Contact Title: <u>CFO</u> No. and Street: 140 WICKENDEN STREET			
		ate: <u>RI</u> Zip: <u>02903</u>	Country: USA
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name First, Middle, Last, Suffix	Add Address, City or Town, S	ress State, Zip Code, Country
8 RESIDENT AGENT IN R	HODE ISLAND - DO NOT ALTER		

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

JOHN H. MCCANN 127 ALFRED DROWN ROAD BARRINGTON , RI 02806

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 3:10:41 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>/S/JOHN H. MCCANN</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2020 State of Rhode Island All Rights Reserved