	State of Rho Office of the Secr		Fee: \$50.00
	Division Of Busin 148 W. Rive		
HOPE	Providence RI 0 (401) 222-		
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability c in thirty (30) days after the time pr penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2020</u>		
1. ID No. <u>001691480</u>	<u>)</u>		
2. Exact Name of the Li	mited Liability Company <u>RID</u>	/G Properties, LLC	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE I	I	
0	Code that best describes the prime e information on <u>NAICS</u> can be for		entity. Download
<u>531120</u>			
4. Brief Description of th	e Character of the Business Wi	nich is Actually Conducted in	Rhode Island
<u>REAL ESTATE</u>			
5. Principal Office Addre	ss		
Ne and Otre etc. 22 CU	JSTOM HOUSE STREET		
	/IDENCE	State: <u>RI</u> Zip: <u>02903</u> 0	Country: <u>USA</u>
City or Town: <u>PROV</u>	/IDENCE mited Liability Company and Na		•
City or Town: PROV 6. Mailing Address of Lin Contact Name: ADAM LA No. and Street: 32 CU	mited Liability Company and Na ASTRINA Contact Title: STOM HOUSE STREET	ame or Title of Contact Perso	n:
City or Town: PROV 6. Mailing Address of Lin Contact Name: ADAM LA No. and Street: 32 CU	mited Liability Company and Na	ame or Title of Contact Perso	•
City or Town:PROV6. Mailing Address of LinContact Name:ADAM LNo. and Street:32 CUCity or Town:PROV	mited Liability Company and Na <u>ASTRINA</u> Contact Title: <u>STOM HOUSE STREET</u> <u>IDENCE</u>	ame or Title of Contact Person State: <u>RI</u> Zip: <u>02903</u> C	n: Country: <u>USA</u>
City or Town: PROV 6. Mailing Address of Lin Contact Name: ADAM La No. and Street: 32 CU City or Town: PROV 7. Name and Address of	mited Liability Company and Na <u>ASTRINA</u> Contact Title: <u>STOM HOUSE STREET</u> <u>IDENCE</u>	ame or Title of Contact Person State: <u>RI</u> Zip: <u>02903</u> C	n: Country: <u>USA</u> Ile.

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

W. THOMAS HUMPHREYS, ESQ. CAMERON & MITTLEMAN LLP <u>301 PROMENADE STREET</u> PROVIDENCE, <u>RI</u> 02908

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 3:47:42 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 ADAM LASTRINA

Signature of Authorized Person

Form No. 632 Revised 09/07

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