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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2020

Filling Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 145065		2. Exact name of the limited liability company Esquire Properties, LLC				
3. State of Formation Rhode Island		cription of the charact ate Holdings	ter of business conducted in Rho	de Island	3110)	
5. Principal office address 303 Jefferson Boulevard			City Warwick	State RI	Zip 02888	
6. MAILING ADDRESS C	F LIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Contact Name Eric T. Grande			Contact Title	Contact Title		
Street Address 303 Jefferson Boulevard			City Warwick	State RI	Zip 02888	
7. LIST <u>ALL</u> MANAGER: ("X" BOX FOR ATTAC	S (NAMES AND ADD HMENT) [RESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN	RHODE ISLAND	<u></u>		<u> </u>	<u> </u>	

File Date _____
Check No ____

By: ____
FOR SECRETARY OF STATE USE ONLY

Form No. 632 Revised: 01/2012 FILED

OCT 26 2020

BY

Under penalty of perjury, I declare and athem that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person

ignatore of Admonace Fersor

Eric T. Grande

Print or Type Name of Authorized Person