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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

Filing 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.

486723		2. Exact name of the limited liability company  Doc Properties, LLC				
3. State of Formation	A Drint da-	winting of the charac-	dos of huninous appointed in Oh - d	a taland		
3. State of Formation  Rhode Island	I	4. Brief description of the character of business conducted in Rhode Island  Property Management				
5. Principal office address 667 Academy Avenue			City Providence	State RI	Zip 02904	
	OF LIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT P	ERSON:		
Contact Name Dennis J. Lanni			Contact Title Member			
Street Address 667 Academy Avenue			City Providence	State RI	Zip 02904	
7. LIST <u>ALL</u> MANAGER ("X" BOX FOR ATTAC	RS (NAMES AND ADD CHMENT)	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			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN				l		
This information is curr	rently of record in th	e Office of the Sec	retary of State. Changes require	fillng Form 642.		
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Check No \_\_\_\_\_

By: \_\_\_\_

FOR SECRETARY OF STATE USE ONLY

Form No. 632

Revised: 01/2012

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

Date

11//////// 9-28-20

Signaturé of Authorized Person Dennis J. Lanni

Print or Type Name of Authorized Person