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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.

Contact Name Stephen Hamilton Street Address 303 Jefferson Boulevard	4. Brief desc Property	Management	cter of business conducted in Rho City Warwick	de Island	3   )     Zip			
Rhode Island  5. Principal office address 303 Jefferson Boulevard  6. MAILING ADDRESS OF LIMPO Contact Name Stephen Hamilton  Street Address 303 Jefferson Boulevard	Property	Management	City <b>Warwick</b>	State	31))  Zip			
303 Jefferson Boulevard 6. MAILING ADDRESS OF LIMIT Contact Name Stephen Hamilton Street Address 303 Jefferson Boulevard	<del>"</del>	TY COMPANY AND	Warwick	1	Zip			
Contact Name Stephen Hamilton Street Address 303 Jefferson Boulevard	TED LIABILIT	Y COMPANY AND	114 ME AR TITLE AF ACCUSA	1	02888			
Stephen Hamilton Street Address 303 Jefferson Boulevard				PERSON:				
303 Jefferson Boulevard					Contact Title member			
7. LIST ALL MANAGERS (NAM	Street Address 303 Jefferson Boulevard			State RI	Zip <b>02888</b>			
("X" BOX FOR ATTACHMENT	ES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBERS			
Manager Name			Manager Name	Manager Name				
Street Address			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	E ISLAND		<u> </u>	, i				
This information is currently of		<del></del>						

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File Date	
Check No	
Ву:	
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.

and that all statements contained herein are true and correct.

Signature of Authorized Person

Stephen Hamilton

Print or Type Name of Authorized Person