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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.

1. Entity ID No. 001695300	2. Exact name of the limited liability company 211, LLC					
3. State of Formation Rhode Island	4. Brief description of the character of business conducted in Rhode Island. Property Managment					
5. Principal office address 246 Fairway Lane			City Portsmouth	State RI	Zip 02871	
6. MAILING ADDRESS OF LI	MITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT F	PERSON:	•	
Contact Name Tejal Patel			Contact Title Member			
Street Address 246 Fairway Lane			City Portsmouth	State RI	Zıp 02871	
7. LIST <u>ALL</u> MANAGERS (NA		RESSES) OF THE	LIMITED LIABILITY COMPANY, I	F APPLICABLE - <u>DO</u>	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	Street Address		
City	State	Zip	City	State	Zip	
B. RESIDENT AGENT IN RHO	DE ISLAND	1			ı	
		Office of the Sec	retary of State. Changes require	filing Form 642.		

FILED

•	Under penalty of perjury, I declare and affirm	n that I have examined
	this report, including any accompanying sci	hedu les and statements
	The Color	9/28/2020
	Signature of Authorized Person	Date

Tejal Patei

Print or Type Name of Authorized Person

File Date _____
Check No ____

By: ____
FOR SECRETARY OF STATE USE ONLY

Form No. 632 Revised: 01/2012