

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

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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.

3. State of Formation Rhode Island Property Managment City Portsmouth 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Tejal Patel Street Address City Portsmouth Contact Title Member Street Address City State Zip Contact Title Member	1. Entity ID No. 001695300	2. Exact nan 211, LLC	ne of the limited liab	ility company			
246 Fairway Lane 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Tejal Patel Street Address 246 Fairway Lane 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST NOT CITY ("X" BOX FOR ATTACHMENT) Manager Name Manager Name Street Address City State Zip City State Zip City State Zip Manager Name Street Address Street Address	3. State of Formation						
Contact Name Tejal Patel Street Address 246 Fairway Lane City Portsmouth RI 0287 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST N ("X" BOX FOR ATTACHMENT) Manager Name Manager Name Street Address City State Zip City State Zip Manager Name Manager Name Street Address Street Address Street Address Street Address Street Address						Zip 02871	
Tejal Patel Street Address 246 Fairway Lane City Portsmouth 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST NOT CITY Manager Name Manager Name Manager Name Street Address City State Zip City State Zip Manager Name Street Address	6. MAILING ADDRESS OF L	IMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:		
246 Fairway Lane Portsmouth RI 0287 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	The state of the s						
("X" BOX FOR ATTACHMENT) Manager Name Street Address City State Zip City Manager Name Street Address Street Address						Zip 02871	
Street Address City State Zip City Manager Name Manager Name Street Address Street Address Street Address	7. LIST <u>ALL</u> MANAGERS (I	NAMES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - <u>DO</u>	NOT LIST MEMBERS	
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Street Address Street Address	City	State	Zip	City	State	Zip	
	Manager Name			Manager Name	Manager Name		
City State Zip City State Zip	Street Address			Street Address	Street Address		
1 1 1	City	State	Zip	City	State	Zip	
B. RESIDENT AGENT IN RHODE ISLAND	B. RESIDENT AGENT IN RE	ODE ISLAND		l			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.			e Office of the Sec	retary of State. Changes require	filing Form 642.		

FILED

Tèjal Patei

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012

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