RI SOS Filing Number: 202069934450 Date: 10/26/2020 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

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Annual Report for the year: 2020 Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

| 1 Entity ID Number | 2 Fundament of the Limited Courts | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------|--------------------------------|--------------------|-----------------------|--|
| 001669933 | 2. Exact name of the Limited Liability Company | | | | | |
| | 1305B Kingstown Road LLC | | | | | |
| 3 NAICS Code | 4 Brief description of the character of business conducted in Rhode Island | | | | | |
| 531120 | OWN AND MANAGE REAL PROPERTY SITUATED AT 1305 B KINGSTOWN RD. SOUTH | | | | | |
| 5. State of Formation | KINGSTOWN, RI | | | | | |
| RI | | | | | | |
| Principal Office Address | <u> </u> | - | To- | 101-1- | . | |
| | | | City | State | Zip | |
| 1305 B Kingstown Road | | | South Kingstown | RI | 02879 | |
| 7. Mailing Address of Limited Lia | bility Compan | y and Name or Tit | | | | |
| Contact Name Gregory Raso | | | Contact Title Owner | | | |
| Street Address 1305 B Kingstown Road | | | City South Kingstown | State RI | Zip 02879 | |
| 8. List ALL managers (names a | nd addresses) | of the Limited Lia | bility Company, IF APPLICABLE | E - DO NOT LIST I | MEMBERS | |
| Manager Name Gregory Raso | | | Manager Name | | | |
| Street Address 1305B Kingstown Road | | | Street Address | | | |
| City South Kingstown | State RI | Zip 02879 | City | State | Zip | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zıp | City | State | Zip | |
| | <u> </u> | - } | | Check the box to i | ndicate an attachment | |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. | | | | | | |
| Under penalty of perjury, I dec | lare and affir | m that I have exa | mined this report, including a | | | |
| Name of Authorized Person Gregory Raso Date 10/21/2020 | | | | | | |
| (717. | egory | haso | | 10/21/2020 | | |
| Signature of Authorized Person | | | | | | |
| Drugge Par | | | | | | |
| - range - M | | | | | | |

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov