



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

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2020 OCT 26 PM 2:48

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<br><b>487710</b>   |       | 2. Exact name of the Limited Liability Company<br><b>EDRAL, LLC</b>   |                             |                         |                     |
| 3. NAICS Code<br><b>531390</b>   |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>BUY, SELL AND INVEST IN REAL ESTATE</b> |                             |                         |                     |
| 5. State of Formation<br><b>RI</b>   |       |   |                             |                         |                     |
| 6. Principal Office Address<br><b>PO BOX 8090</b>  |       |   | City<br><b>CRANSTON</b>     | State<br><b>RI</b>      | Zip<br><b>02920</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |       |   |                             |                         |                     |
| Contact Name <b>ERIC D FALK</b>  |       |   | Contact Title <b>MEMBER</b> |                         |                     |
| Street Address <b>PO BOX 8090</b>  |       |   | City <b>CRANSTON</b>        | State <b>RI</b>         | Zip <b>02920</b>    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS   |       |   |                             |                         |                     |
| Manager Name <b>NONE</b>   |       |   | 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                 |
| Check the box to indicate an attachment <input type="checkbox"/>   |       |   |                             |                         |                     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.  |       |   |                             |                         |                     |
| 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. |       |   |                             |                         |                     |
| Name of Authorized Person<br><b>ERIC D FALK</b>  |       |   |                             | Date<br><b>10/14/20</b> |                     |
| Signature of Authorized Person<br><i>Eric D. Falk</i>  |       |   |                             | NEW DOCUMENT HERE       |                     |

MAIL TO:

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

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