| | | State of Rhoo Office of the Secr | | Fee: \$50.00 |
|---|----------------------|---|------------------------------------|---------------------|
| | | Division Of Busin | | |
| | | 148 W. Rive | | |
| | | Providence RI 0 (401) 222- | | |
| HOPE | | (401) 222- | 3040 | |
| Limited Liabili | | bany | | |
| Annual Report | | | | |
| Filing Period: Sept | ember 1 - | November 1 | | |
| to file its annual re | port within | 7-16-66(d), each limited liability c h thirty (30) days after the time pro enalty fee of \$25.00. | | |
| ANNUAL REPOR | T YEAR: | 2020 | | |
| 1. ID No. <u>00</u> | 1694707 | | | |
| 2. Exact Name of the Limited Liability Company <u>Tiogue Land Co LLC</u> | | | | |
| 3. State of Form | nation | | | |
| State: <u>RI</u> | | | | |
| | | | I | |
| | | ode that best describes the prima information on <u>NAICS</u> can be fou | • | e entity. Download |
| <u>531390</u> | | | | |
| 4. Brief Descript | ion of the | Character of the Business Wh | ich is Actually Conducted | in Rhode Island |
| REAL ESTATE | INVEST | <u>MENT</u> | | |
| 5. Principal Offic | e Addres: | S | | |
| No. and Street: | - | RABBLETOWN ROAD | | |
| City or Town: | <u>SUITE</u> NORT | <u>G</u> H KINGSTOWN | State: <u>RI</u> Zip: <u>02852</u> | Country: <u>USA</u> |
| 6. Mailing Addre | ss of Lin | ited Liability Company and Na | me or Title of Contact Per | son: |
| Contact Name: | Contact T | ïtle: | | |
| No. and Street: | | RABBLETOWN ROAD | | |
| City or Town: | SUITE NORTH | <u>G</u> I KINGSTOWN | State: <u>RI</u> Zip: <u>02852</u> | Country: <u>USA</u> |
| 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS | | | | |
| Title | | Individual Name | Addre | SS |
| | | First Middle Last Suffix | Address City or Town Sta | te Zip Code Country |

ROBERT E. DEBLOIS JR.

420 SCRABBLETOWN ROAD, SUITE G

MANAGER

MANAGER

ROBERT E. DEBLOIS III

NORTH KINGSTOWN, RI 02852 USA

420 SCRABBLETOWN ROAD, SUITE G NORTH KINGSTOWN, RI 02852 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

MCLAUGHLINQUINN LLC 148 WEST RIVER STREET SUITE 1E PROVIDENCE, RI 02904

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 30 Day of October, 2020 at 10:43:40 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By ROBERT E. DEBLOIS, JR.

Signature of Authorized Person

Form No. 632 Revised 09/07

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