| State of Rhode Island Office of the Secretary of State Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Riling Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(b8(d), each limited liability company failing or refusing to file 15 annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b8c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2020 1. ID No. 001693943 2. Exact Name of the Limited Liability Company Knight Family LLC 3. State of Formation State: RI ARTICLE II Enter the six digit NAICS Code that best describes the primary business conducted by the entity. The list of codes here, More information on NAICS can be found online. 531311 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode REAL ESTATE 5. Principal Office Address No. and Street: 44 GLEN AVENUE City or Town: CRANSTON State: RI zip: 02905 Country: 1 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: <u>SHELLEY KNIGHT</u> Contact Title: No. and Street: <u>44</u> | | |
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| 148 W. River Street Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(b.G), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b.C.)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2020 1. ID No. 001693943 2. Exact Name of the Limited Liability Company Knight Family LLC 3. State of Formation State: RI ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. It the list of codes here. More information on NAICS can be found online. 531311 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode REAL ESTATE 5. Principal Office Address No. and Street: 44 GLEN AVENUE City or Town: CRANSTON State: RI zip: 02905 Country: 1 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: SHELLEY KNIGHT Contact Title: No. and Street: 44 GLEN AVENUE City or Town: <td>Fee: \$50.00</td> | Fee: \$50.00 | |
| Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(k6c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2020 1. ID No. 001693943 2. Exact Name of the Limited Liability Company Knight Family LLC 3. State of Formation State: RI ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. I the list of codes here. More information on NAICS can be found online. 531311 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode REAL ESTATE 5. Principal Office Address No. and Street: 44 GLEN AVENUE City or Town: CanNSTON 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: SHELLEY KNIGHT Contact Title: No. and Street: 44 GLEN AVENUE City or Town: Contact Name: SHELLEY KNIGHT Contact Title: No. and Street: 44 GLEN AVENUE City or Town: Country: 1 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. Country: 1 | | |
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| Contact Name: SHELLEY KNIGHT Contact Title: No. and Street: 44 GLEN AVENUE City or Town: CRANSTON State: RI Zip: 02905 Country: | <u>USA</u> | |
| No. and Street: <u>44 GLEN AVENUE</u> City or Town: <u>CRANSTON</u> State: <u>RI</u> Zip: <u>02905</u> Country: | | |
| City or Town: CRANSTON State: RI Zip: 02905 Country: 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. | | |
| | | |
| | <u>USA</u> | |
| Title Individual Name Address | <u>USA</u> | |
| First, Middle, Last, Suffix Address, City or Town, State, Zip Code | <u>USA</u> | |
| MANAGER SHELLEY KNIGHT 44 GLEN AVENUE CRANSTON, RI 02905 USA | | |

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

SANDRA MATRONE MACK 50 SOUTH MAIN STREET SUITE 308S PROVIDENCE, RI 02903

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 11:35:41 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 SANDRA MATRONE MACK

Signature of Authorized Person

Form No. 632 Revised 09/07

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