State of Rhode Island Office of the Secretary of State Fee: Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040 End to be a constrained of the secretary of State 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. 7-16-100)	\$50.00
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(d), each limited liability company failing or refusing	
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	
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to file its annual report within thirty (30) days after the time prescribed by law (R I G I - 7-	
16-66(b&c)) is subject to a penalty fee of \$25.00.	
ANNUAL REPORT YEAR: 2020	
1. ID No. <u>001681714</u>	
2. Exact Name of the Limited Liability Company <u>PARKER STREET REALTY, LLC</u>	
3. State of Formation	
State: <u>RI</u>	
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Downlethe list of codes <u>here.</u> More information on <u>NAICS</u> can be found online. 531190	load
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Islar	nd
RENTAL PROPERTY	
5. Principal Office Address	
No. and Street:7 COLWELL RDCity or Town:BURRILLVILLEState: RIZip: 02830Country: USA	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:	
Contact Name: DAVID A TURCOTTE Contact Title:	
No. and Street: <u>7 COLWELL RD</u>	
City or Town: BURRILLVILLE State: RI Zip: 02830 Country: USA	
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS	
Title Individual Name Address	
First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Count	try
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER	

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

DAVID A TURCOTTE 7 COLWELL RD BURRILLVILLE , RI 02830

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 1:14:44 PM 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 <u>DAVID A TURCOTTE</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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