	State of Rhode Office of the Secret		Fee: \$50.00
	Division Of Busines	s Services	
	148 W. River S		
	Providence RI 029		
HOPE	(401) 222-30	040	
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability con in thirty (30) days after the time pres penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2020</u>		
1. ID No. <u>001690853</u>	3		
2. Exact Name of the Li	mited Liability Company <u>RCG B</u>	ARSTOW, LLC	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
the list of codes here. Mor	Code that best describes the primary e information on <u>NAICS</u> can be found		by the entity. Download
<u>531390</u>			
4. Brief Description of th	e Character of the Business Whic	h is Actually Condu	cted in Rhode Island
REAL ESTATE OWNE	RSHIP, DEVELOPMENT, AND	MANAGEMENT	
5. Principal Office Addre	SS		
No. and Street: 33	4 BROADWAY		
	<u>ROVIDENCE</u> State: <u>R</u>	Zip: <u>02909</u>	Country: USA
6. Mailing Address of Li	mited Liability Company and Nam	e or Title of Contac	t Person:
	TEJADA Contact Title: ACCOUNT 4 BROADWAY	ING MANAGER	
	OVIDENCE State: RI	Zip: <u>02909</u>	Country: <u>USA</u>
7. Name and Address of DO NOT LIST MEMBE	Each Manager of the Limited Lia RS	bility Company, if A	pplicable.
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Tow	n, State, Zip Code, Country
MANAGER	MATTHEW PICARSIC		O STREET, SUITE 100 .E, MA 02143 USA
MANAGER	MARK VAN NOPPEN	33	34 BROADWAY

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

MARK VAN NOPPEN 334 BROADWAY PROVIDENCE, RI 02909

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 1:36:44 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>MARK VAN NOPPEN</u> Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2020 State of Rhode Island All Rights Reserved