	State of Rhode Office of the Secret		Fee: \$50.00
	Division Of Busines 148 W. River S		
HOPE	Providence RI 029 (401) 222-30		
imited Liability Com	ipany		
Annual Report Filing Period: September 1	- November 1		
	. 7-16-66(d), each limited liability com in thirty (30) days after the time preso penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2020</u>		
1. ID No. <u>00170179</u>	<u>1</u>		
2. Exact Name of the Li	mited Liability Company <u>Revity I</u>	EPC, LLC	
3. State of Formation			
State: <u>RI</u>			
<u>237990</u>			
4. Brief Description of th	e Character of the Business Whic	h is Actually Conducted i	n Rhode Island
	UREMENT, AND CONSTRUCT . OTHER LAWFUL PURPOSES.		NCILLARY
5. Principal Office Addre	:SS		
	<u>/IETRO CENTER BLVD.</u> E 1007		
		State: <u>RI</u> Zip: <u>02886</u>	Country: <u>USA</u>
6. Mailing Address of Li	mited Liability Company and Nam	e or Title of Contact Pers	on:
Contact Name: Contact No. and Street: <u>117 N</u>	Title: IETRO CENTER BLVD.		
	<u>= 1007</u>	state: <u>RI</u> Zip: <u>02886</u>	Country: <u>USA</u>
7. Name and Address of DO NOT LIST MEMBE	FEach Manager of the Limited Lia RS	bility Company, if Applica	able.
Title	Individual Name	Address	6
	First, Middle, Last, Suffix	Address, City or Town, State	, Zip Code, Country

MAN	AGER
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RALPH A. PALUMBO

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

ZACHARY G. DARROW ONE TURKS HEAD PLACE SUITE 1200 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 2:40:44 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 JASMINE CARCIERI

Signature of Authorized Person

Form No. 632 Revised 09/07

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