Office of the Secretary of State         Division Of Business Services         148 W. River Street         Providence RI 02904-2615         (401) 222-3040 <b>Limited Liability Company</b> <i>Filing Period: September 1 - November 1</i> In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing	Office of the Secretary of State         Division Of Business Services         148 W. River Street         Providence RI 02904-2615         (401) 222-3040						
148 W. River Street Providence RI 02904-2615 (401) 222-3040         Limited Liability Company Annual Report Within thirty (30) days after the time presented by law (R.I.G.L. 7- 16-86(b&2)) is subject to a penalty fee of \$25.00         ANNUAL REPORT YEAR: 2020         ANNUAL REPORT YEAR: 2020         1. ID No. 001699138         2. Exact Name of the Limited Liability Company Red Maple Island, 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. Download the list of codes here, More information on NAICS can be found online.         531390         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         REACT E PROPERTY         5. Principal Office Address         No. and Street:       33 LAUREL ROAD City or Town:       EXETER       State: RI       Zip: 02822       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name: SUSAN SHEEHAN Contact Title: PRESIDENT No. and Street:       321.AUREL ROAD City or Town:       EXETER       State: RI       Zip: 02822       Country: USA         A Maret IROAD City or Town:       EXETER       State: RI       Zip: 02822 </th <th>148 W. River Street Providence RI 02904-2615 (401) 222-3040         Limited Liability Company Annual Report Pling Period: September 1 - November 1         In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to lie its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&amp;C)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2020         1. ID No.       001699138         2         Exact Name of the Limited Liability Company Red Maple Island, 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. Download the list of codes here. More information on NAICS can be found online.         531390         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island the list of codes here:         State: RI Zip: 02822 Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name: SUSAN SHEEHAN Contact Title: PRESIDENT No. and Street: 33 LAUREL ROAD City or Town: EXETER         Contact Name: SUSAN SHEEHAN Contact Title: PRESIDENT No. and Street: 33 LAUREL ROAD City or Town: EXETER         State: RI Zip: 02822 Country: USA         A Mare and Address of Each M</th> <th></th> <th></th> <th></th> <th>Fee: \$50.00</th>	148 W. River Street Providence RI 02904-2615 (401) 222-3040         Limited Liability Company Annual Report Pling Period: September 1 - November 1         In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to lie 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.       001699138         2         Exact Name of the Limited Liability Company Red Maple Island, 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. Download the list of codes here. More information on NAICS can be found online.         531390         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island the list of codes here:         State: RI Zip: 02822 Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name: SUSAN SHEEHAN Contact Title: PRESIDENT No. and Street: 33 LAUREL ROAD City or Town: EXETER         Contact Name: SUSAN SHEEHAN Contact Title: PRESIDENT No. and Street: 33 LAUREL ROAD City or Town: EXETER         State: RI Zip: 02822 Country: USA         A Mare and Address of Each M				Fee: \$50.00		
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No. and Street: City or Town:33 LAUREL ROAD EXETERState: RIZip: 02822Country: USA6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: No. and Street: City or Town:SUSAN SHEEHAN Contact Title: 33 LAUREL ROAD EXETERPRESIDENT Zip: 02822Country: USA7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERSIndividual NameAddress	No. and Street: City or Town:33 LAUREL ROAD EXETERState: RIZip: 02822Country: USA6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:Contact Name: 33 LAUREL ROAD City or Town:SUSAN SHEEHAN Contact Title: 33 LAUREL ROAD EXETERPRESIDENT State: RIZip: 02822Country: USA7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERSIndividual NameAddress	REA ESTATE PROPER	TY				
City or Town:EXETERState: RIZip:02822Country:USA6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:Contact Name:SUSAN SHEEHAN Contact Title:PRESIDENTNo. and Street:33 LAUREL ROADState: RIZip:02822Country:USACity or Town:EXETERState: RIZip:02822Country:USA7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.DO NOT LIST MEMBERSIndividual NameAddress	City or Town:EXETERState: RIZip: 02822Country: USA6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:Contact Name:SUSAN SHEEHAN Contact Title:PRESIDENTNo. and Street:33 LAUREL ROADState: RIZip: 02822Country: USACity or Town:EXETERState: RIZip: 02822Country: USA7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.DO NOT LIST MEMBERSTitleIndividual NameAddress	5. Principal Office Addre	SS				
Contact Name:       SUSAN SHEEHAN Contact Title:       PRESIDENT         No. and Street:       33 LAUREL ROAD       State: RI       Zip: 02822       Country: USA         City or Town:       EXETER       State: RI       Zip: 02822       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.       DO NOT LIST MEMBERS       Individual Name       Address	Contact Name:       SUSAN SHEEHAN Contact Title:       PRESIDENT         No. and Street:       33 LAUREL ROAD       State: RI       Zip:       02822       Country: USA         City or Town:       EXETER       State: RI       Zip:       02822       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.       DO NOT LIST MEMBERS       Individual Name       Address			<u>I</u> Zip: <u>02822</u>	Country: <u>USA</u>		
No. and Street:       33 LAUREL ROAD EXETER       State: RI       Zip:       02822       Country:       USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS         Title       Individual Name       Address	No. and Street:       33 LAUREL ROAD EXETER       State: RI       Zip:       02822       Country:       USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS         Title       Individual Name       Address	6. Mailing Address of Lin	mited Liability Company and Name	or Title of Contact	Person:		
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.         DO NOT LIST MEMBERS         Title       Individual Name	7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.         DO NOT LIST MEMBERS         Title       Individual Name	No. and Street: <u>33</u>	_AUREL ROAD				
DO NOT LIST MEMBERS       Title     Individual Name     Address	DO NOT LIST MEMBERS       Title     Individual Name     Address	City or Town: <u>EXI</u>	<u>ETER</u> State: <u>R</u>	Zip: <u>02822</u>	Country: <u>USA</u>		
			-	ility Company, if Al	oplicable.		
First, Middle, Last, Suffix         Address, City or Town, State, Zip Code, Country	First, Middle, Last, Sutfix Address, City or Town, State, Zip Code, Country	Title		-			
			First, Middle, Last, Suffix	Address, City or Towr	n, State, Zip Code, Country		

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

SUSAN L. SHEEHAN 33 LAUREL ROAD EXETER , RI 02822

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 4:03:45 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>SUSAN LYN SHEEHAN</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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