RI SOS Filing Number: 202072428890 Date: 11/4/2020 4:00:00 PM

nnual Report for the	- e year: _2			NOV 0 4	Lif p	A TO AND
 → Filing period: Septem → Filing Fee: \$50.00 → Penalty: Additional \$25 	ber 1 - Novembe		ember 1.	100	ر ا	
. Entity 1D Number	2. Exact nam	e of the Limited	Liability Company			
000148255	5 Tai	urus Eg	with Holdi	nes.	UC_	
B. NAICS Code	4. Brief desc	ription of the cha	racter of dusiness condu			
531110 State of romation		real	estate	-		
5. Principal Office Address			City	+	State 7	Zip & LO
608 Thames	St.		Newpor	√I ————————————————————————————————————	12-1-	0000
7. Mailing Address of Limite	d Liability Compar	y and Name or T	itle of Contact Person			
Contact Name Benjamin Galpen			Contact Title President			
Street Address long Thanks St.			City Newpo	rT	State PT	Zip 02840
8. List ALL managers (nam	es and addresses) of the Limited L	iability Company, IF,APF	PLICABLE - D	O NOT LIST M	EMBERS
Manager Nam		· ^	Manager Name			
Street Address			Street Address			
City i		101	- City		State	Zip
Manager Nar.ie			Manager Name			
Street Address			Street Address			
City	State	Zip	City		State	Zip
				Ch	eck the box to in	ndicate an attachmer
9. The Resident Agent info	mation currently	of record with the	RI Department of State	is accurate (Changes require	filing Form 642
Linder penalty of perium	I declare and aff	irm that I have o	examined this report, in	ncludin <mark>g</mark> any	accompanying	g schedules and
statements, and that all Name of Authorized Perso	statements conta	ined herein are	true and correct.		Date	1 1

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Phone: (401) 222-3040 Website: www.sos.n.gov

Signature of Authorized Person

State of Rhode Island