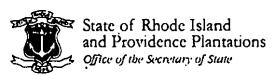
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A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RL 02004-2615

Providence, RI 02904-2615 401,222,3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2020

Filing Period: September 1 - November 1 - Filing Fee: \$50.00* - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* 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. 7-16-66 (bbs.)) is subject to a penalty fee of \$25.00.

1	ici name of the limited liability company. RANZA REAL ESTATE, LLC				
4. Hrief descript REAL EST	ATE	Tibiness-ublich is ricibelly Conducted in Kh	ule Island		
5. Principal office address 24 PIERCE STREET		City: WESTERLY	State RI	<i>ир</i> 02891	
	BLITY COMPANY AN	D NAME OR TITLE OF CONTACT Contact Title PRESIDENT	T PERSON:		
Sinet Address 24 PIERCE STREET			State RI	/2φ 02891	
FILL IN	SPACES BEFORE USI	ING ATTACHMENTS ("X" BOX F Manager Nump	OR ATTACHMENT)		
		Sinet Address	· · · · · · · · · · · · · · · · · · ·	·	
	•	City:	State	Zip	
Manager Name		Manuger Name	Manager Name		
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	REAL EST REST RESS OF LIMITED LIAB LANZA REET DRESS OF EACH MANAFILL IN	REAL ESTATE CREET RESS OF LIMITED LIABILITY COMPANY AN CANZA REET DRESS OF EACH MANAGER OF THE LIMITA FILL IN SPACES BEFORE US	REAL ESTATE City: WESTERLY RESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT CANZA PRESIDENT City: WESTERLY DRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF API FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX F Manager Name Siner Address City: Manager Name	REET RESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Compact Title PRESIDENT City: WESTERLY RI PRESIDENT City: WESTERLY RI DRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) Manager Name Street Address City: Manager Name	

FILED

NOV 0 4 2020

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This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

000155322

Eile Date

Check No.

Bi:

FOR SECRETARY OF STATE USE ONLY

Under penalty of porjety. I declare and including any accomplying schedules contained hereig are thre and correct.	affirm that I have examined this report
including any accompanying schedules	and statements, and that all statements
contained hereig are thre and correct.	

// / \\ /

Sighasuhe of Aushorized Repton

ANGÉLO SPERANZA

Print or Type Name of Authorized Person