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Department of State - Business Services Division

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Annual Report for the year: 2020 Limited Liability Company

- → Filing period: September 1 November 1
- → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number	2. Exact name of the Limited Liability Company					
794057	Consolidated Default Services Property Preservation, LLC					
3. NAICS Code 238990	Brief description of the character of business conducted in Rhode Island Construction Services					
5. State of Formation Rhode Island						
6. Principal Office Address			City	State	Zip	
275 West Natick Road, Suite 500			Warwick	RI	02886	
7. Mailing Address of Limited Li	ability Compa	ny and Name or	Title of Contact Person	 _		
Contact Name Jennifer Vonflatern			Contact Title			
Street Address 275 West Natick Road, Suite 500			City Warwick	State RI	Zip 02886	
8. List ALL managers (names a	ind addresse:	s) of the Limited	Liability Company, IF APPLICA	ABLE - DO NOT LIST I	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
	_ 		<u></u>	Check the box to i	ndicate an attachment	
9. The Resident Agent informati	on currently o	of record with the	RI Department of State is acc	curate. Changes require	e filing Form 642.	
Under penalty of perjury, I de- statements, and that all states	clare and aff ments conta	irm that I have e ined herein are	examined this report, includi true and correct.	ing any accompanyin	g schedules and	
Name of Authorized Person				Date	Date	
Cary D Marinosci				11/05/20	11/05/2020	
Signature of Authorized Person						

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED $^{\gamma\gamma}$

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BY QL TD86E

FORM 632 - Revised: 08/2020