

FILED

NOV 1 2 2020

Annual Report for the year: 2020 Limited Liability Company

BY.

→ 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				
331077	DREAM HOMES, LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
531110	Real Estate				
5 State of Formation					
Rhode Island					
6. Principal Office Address			City	State	Zip
18 Lakeview Avenue			Johnston	RI	02919
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Mohamad Y. Sasa			Contact Title Member		
Street Address 18 Lakeview Avenue			City Johnston	State RI	Zip 02919
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zıp	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<u></u>	<u></u>	·	Ch	neck the box to ind	icate an attachment
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Person				Date	
Mohamad Y. Sasa, Member				9/9/2020	
Signature of Authorized Person					
uf/ymusora, Member					

MAIL TO:

Division of Business Services

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

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