



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year  
Limited Liability Company

2020

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

FILED STAMP

NOV 16 2020

BY

|                                                                                                                                                                                                             |       |                                                                                                   |                             |                           |                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------------------------------------------------|-----------------------------|---------------------------|---------------------|
| 1. Entity ID Number<br><b>120739</b>                                                                                                                                                                        |       | 2. Exact name of the Limited Liability Company<br><b>Speedy Realty, LLC</b>                       |                             |                           |                     |
| 3. NAICS Code<br><b>531110</b>                                                                                                                                                                              |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>real estate</b> |                             |                           |                     |
| 5. State of Formation<br><b>Rhode Island</b>                                                                                                                                                                |       |                                                                                                   |                             |                           |                     |
| 6. Principal Office Address<br><b>969 Park Avenue</b>                                                                                                                                                       |       |                                                                                                   | City<br><b>Cranston</b>     | State<br><b>RI</b>        | Zip<br><b>02910</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                   |                             |                           |                     |
| Contact Name <b>Patrick Welch</b>                                                                                                                                                                           |       |                                                                                                   | Contact Title <b>Member</b> |                           |                     |
| Street Address <b>16 East Shore Road</b>                                                                                                                                                                    |       |                                                                                                   | City <b>Jamestown</b>       | State <b>RI</b>           | Zip <b>02835</b>    |
| 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 | Zip                                                                                               | City                        | State                     | Zip                 |
| Manager Name                                                                                                                                                                                                |       |                                                                                                   | Manager Name                |                           |                     |
| Street Address                                                                                                                                                                                              |       |                                                                                                   | Street Address              |                           |                     |
| City                                                                                                                                                                                                        | State | Zip                                                                                               | City                        | State                     | Zip                 |
| Check the box to indicate an attachment <input type="checkbox"/>                                                                                                                                            |       |                                                                                                   |                             |                           |                     |
| 9 Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642                                                                     |       |                                                                                                   |                             |                           |                     |
| <b>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.</b> |       |                                                                                                   |                             |                           |                     |
| Name of Authorized Person<br><b>Patrick Welch</b>                                                                                                                                                           |       |                                                                                                   |                             | Date<br><b>11/12/2020</b> |                     |
| Signature of Authorized Person<br>SIGN DOCUMENT HERE                                                                                                                                                        |       |                                                                                                   |                             |                           |                     |

## MAIL TO:

Division of Business Services

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