

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

Annual Report for the year: 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.

ŧ	17 20	20
BY		70
	$-\Delta$	
	()	

1. Entity ID Number	2 Evact name	of the Unit of					
001697531	2	Shi me rimited F	iability Company				
3. NAICE COME	A Book described to CROUP LLC						
15人111()	4. Brief description of the character of business conducted in Rhode Island						
5. State of Formation	Real Estate Kentals						
6. Principal Office Address	<u> </u>						
2204 BROAD	Street		Crawton	State	Zip 02905		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Contact Title 0							
Street Address			Member				
8. List ALL managers (names and	SROAD addresses) of	Street	city Cranston	State	zip 02905		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DONOT LIST MEMBERS							
Street Address Manager Name							
LADY Ormal JI			Street Address				
Carry A CO CO CO	State 1	ZPCUS	City	1800			
Manager Name	100	(Ja 70)	<u> </u>	State	Zip		
	_		Manager Name				
Street Address			Street Address				
City	State	Zip					
		210	City	State	Zip		
9. Resident Agent in Rhode Island. This information is a world of the company of							
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and Name of Authorized B.							
Name of Authorized Person							
Signature of Authorized Person				Date 11-9	7-20		
Signature of Authorized Person Mora Albures 11-9-70							

MAIL TO:

Division of Business Services

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

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