	State of Rhode Island Office of the Secretary of State	Fee: \$50.00
	Division Of Business Services 148 W. River Street	
HOPE	Providence RI 02904-2615 (401) 222-3040	
Limited Liability Annual Report Filing Period: Septer	Company nber 1 - November 1	
o file its annual repo	R.I.G.L. 7-16-66(d), each limited liability company failing or refusing rt within thirty (30) days after the time prescribed by law (R.I.G.L. 7 ct to a penalty fee of \$25.00.	
ANNUAL REPORT	YEAR: <u>2020</u>	
1. ID No. <u>0008</u>	301473	
2. Exact Name of	the Limited Liability Company Moshassuck Realty, LLC	
3. State of Forma	tion	
State: <u>RI</u>		
the list of codes her	ARTICLE III AICS Code that best describes the primary business conducted by <u>e.</u> More information on <u>NAICS</u> can be found online.	/ the entity. Download
the list of codes <u>her</u> <u>531120</u>	AICS Code that best describes the primary business conducted by <u>e.</u> More information on <u>NAICS</u> can be found online.	
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the list of codes <u>her</u> <u>531120</u> 4. Brief Description <u>REAL ESTATE</u> 5. Principal Office No. and Street: City or Town: 6. Mailing Address Contact Name: Co	AICS Code that best describes the primary business conducted by e. More information on <u>NAICS</u> can be found online. n of the Character of the Business Which is Actually Conducted Address <u>24 RICE STREET</u> <u>ATTLEBORO</u> State: <u>MA</u> Zip: <u>02703</u> s of Limited Liability Company and Name or Title of Contact P contact Title:	ed in Rhode Island Country: <u>USA</u>
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the list of codes her <u>531120</u> 4. Brief Description <u>REAL ESTATE</u> 5. Principal Office No. and Street: City or Town: 6. Mailing Address Contact Name: Contact Name and Address 7. Name and Address	AICS Code that best describes the primary business conducted by <u>e.</u> More information on <u>NAICS</u> can be found online. In of the Character of the Business Which is Actually Conducted Address <u>24 RICE STREET</u> <u>ATTLEBORO</u> State: <u>MA</u> Zip: <u>02703</u> a of Limited Liability Company and Name or Title of Contact P contact Title: <u>24 RICE STREET</u> <u>ATTLEBORO</u> State: <u>MA</u> Zip: <u>02703</u> ess of Each Manager of the Limited Liability Company, if App EMBERS Individual Name Add	ed in Rhode Island Country: <u>USA</u> Person: Country: <u>USA</u>

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

ROBERT A. PERETTI, ESQ. 1140 RESERVOIR AVENUE, SUITE 201 CRANSTON, RI 02920

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

Signed this 18 Day of November, 2020 at 6:22:29 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>ROBERT A. PERETTI, ESQ.</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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