RI SOS Filing Number: 202077284310 Date: 11/23/2020 4:00:00 PM

| (8) | State of Rhode Island |
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| | State of Rhode Island Department of State - Business Services Division |

Annual Report for the year: $\frac{2020}{}$ 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.

| FILED |
|-------------------|
| NOV 2 3 2021 A TV |

| Entity ID Number | 2. Exact na | 2. Exact name of the Limited Liability Company | | | | | |
|---|-------------------|--|--|--------------------|------------------------|--|--|
| 311922 | 317 North | 317 North Broadway Realty. LLC | | | | | |
| 31390 | | | racter of business conducted in Rhode Island | | | | |
| 5. State of Formation Rhode Island | | Holding, owning, buying, selling, pledging or otherwise dealing in any and all investment opportunities. | | | | | |
| 6. Principal Office Address 317 North Broadway | | | City East Providence | State RI | Zip 02915 | | |
| 7. Mailing Address of Limite | d Liability Compa | ny and Name o | | | | | |
| Contact Name Mansour Succ | ar | | Contact Title Member | | | | |
| Street Address 317 North Bro | oadway | · | City East Providence | State RI | ^{Zip} 02915 | | |
| | es and addresses | s) of the Limited | Liability Company, IF APPLICABL | E - DO NOT LIST | MEMBERS | | |
| Manager Name None | | | Manager Name | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | State | Zıp | | |
| Manager Name | . | . <u>L</u> | Manager Name | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | State | Zip | | |
| | | _ | | Check the box to | indicate an attachment | | |
| 9. The Resident Agent infor | rmation currently | of record with th | e RI Department of State is accur | ate. Changes requi | re filing Form 642 | | |
| Under penalty of perjury, | I declare and aff | irm that I have | examined this report, including | апу ассотрапуі | ng schedules and | | |
| statements, and that all statements contained herein are true and correct. Name of Authorized Person | | | | | Date | | |
| Mansour Succar | | | | | | | |
| Signature of Authorized Pe | rson | | | | | | |

MAIL TO:

Division of Business Services

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

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