



State of Rhode Island

## Department of State - Business Services Division

FILED

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BY

Annual Report for the year: 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.

1. Entity ID Number <u>1661238</u>		2. Exact name of the Limited Liability Company <u>ACE REALTY LLC</u>			
3. NAICS Code <u>53110</u>		4. Brief description of the character of business conducted in Rhode Island <u>Buy, sell, lease, rent, manage and/or own real estate</u>			
5. State of Formation <u>Rhode Island</u>					
6. Principal Office Address <u>12 Taber Hill Rd</u>			City <u>North Smithfield</u>	State <u>RI</u>	Zip <u>02896</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>David Champagne</u>			Contact Title <u>member</u>		
Street Address <u>12 Taber Hill Rd</u>			City <u>North Smithfield</u>	State <u>RI</u>	Zip <u>02896</u>
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <u>David G Champagne</u>			Manager Name <u>X. Linda Champagne</u>		
Street Address <u>12 Taber Hill Rd</u>			Street Address <u>SAME</u>		
City <u>N. Smithfield</u>	State <u>RI</u>	Zip <u>02896</u>	City <u>SAME</u>	State <u></u>	Zip <u></u>
Manager Name <u></u>			Manager Name <u></u>		
Street Address <u></u>			Street Address <u></u>		
City <u></u>	State <u></u>	Zip <u></u>	City <u></u>	State <u></u>	Zip <u></u>
Check the box to indicate an attachment <input type="checkbox"/>					
9. The Resident Agent information currently of record with the RI Department of State is accurate. 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 <u>DAVID G CHAMPAGNE</u>				Date <u>11/18/2020</u>	
Signature of Authorized Person <u>[Signature]</u>					

## MAIL TO:

Division of Business Services

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