RI SOS Filing Number: 202081146710 Date: 12/22/2020 4:00:00 PM

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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2019 **Limited Liability Company**

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

2028 DEC 10 PH 12: 35

→ 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 | 2 Evert name | of the Limited L | izhility Company | | | | |
|--|------------------------|---|----------------------------|-------------------|------------------------|--|--|
| 001684075 | I | 2. Exact name of the Limited Liability Company Lions Key Real Estate, LLC | | | | | |
| 3. NAICS Code | 4. Brief descript | Brief description of the character of business conducted in Rhode Island | | | | | |
| 531210 | | Real Esatate Firm | | | | | |
| 5. State of Formation | 7 | | | | | | |
| Rhode Island | | | | | | | |
| 6. Principal Office Address | | | Ctty | State | Zip | | |
| 55 Sherwood st | | | cranston | RI | 02920 | | |
| 7. Mailing Address of Limited I | Liability Company a | ind Name or Ti | lle of Contact Person | _ | | | |
| Contact Name Madonna Micheletti | | | Contact Title | | | | |
| Street Address 55 sherwood st | | | Crty Cranston | State RI | Zip 02920 | | |
| 8. List ALL managers (names | and addresses) of | the Limited Lia | bility Company, IF APPLICA | BLE - DO NOT LIST | MEMBERS | | |
| Manager Neme | | | Manager Name | | | | |
| Street Addrane | | | Street Address | | | | |
| City | Ciele | Z ^{)p} 02920 | City | Starte | Zip | | |
| Manager Name | | | Manager Name | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | State | Zip | | |
| | | · I - · · · · · · · · · · · · · · · · · | | Check the box to | indicate an attachment | | |
| 9. The Resident Agent informa | ation currently of re- | cord with the R | Department of State is acc | | | | |
| Under penalty of perjury, I distantants, and that all statements, and that all statements. | leciare and affirm | that I have ex | mined this report, include | | | | |
| Name of Authorized Person | | | | | Date | | |
| Madonna Micheletti | | | | 12/10/2 | 12/10/2020 | | |
| Signature of Authorized Perso | on / | | | | | | |
| | سيسسرنج | ; ;, | | | | | |
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MAIL TO:

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Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615 AIG SDAS SAB Phone: (401) 222-3040 ELVIS 40 1.430 TO Website: www.sos.ri.gov GBA43930

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