



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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 BUS SVCS DIV

2020 NOV 17 P 2:54

Annual Report for the year: 2015 RECEIVED  
**Limited Liability Company** R.I. DEPT. OF STATE  
 BUS SVCS DIV

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

2020 DEC 28 P 1:31

|   |                    |   |                    |
|---|--------------------|---|--------------------|
| 1. Entity ID Number: <u>509428</u>  |                    | 2. Exact name of the Limited Liability Company<br><u>Equinox Property Group LLC</u>                   |                    |
| 3. NAICS Code: <u>531110</u>  |                    | 4. Brief description of the character of business conducted in Rhode Island<br><u>Rental Property</u> |                    |
| 5. State of Formation<br><u>RI</u>  |                    |   |                    |
| 6. Principal Office Address<br><u>154 Cochran St</u>  |                    | City<br><u>W. Warwick</u>   | State<br><u>RI</u> |
|   |                    | Zip<br><u>02883</u>   |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |                    |   |                    |
| Contact Name<br><u>Gail J Mattia</u>  |                    | Contact Title<br><u>manager</u>   |                    |
| Street Address<br><u>154 Cochran St</u>   |                    | City<br><u>W. Warwick</u>   | State<br><u>RI</u> |
|   |                    | Zip<br><u>02883</u>   |                    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS  |                    |   |                    |
| Manager Name<br><u>Gail J Mattia</u>  |                    | Manager Name<br><u>Dena m Mattia</u>  |                    |
| Street Address<br><u>154 Cochran St</u>   |                    | Street Address<br><u>Same</u>   |                    |
| City<br><u>W. Warwick</u>   | State<br><u>RI</u> | Zip<br><u>02883</u>   |                    |
| Manager Name  |                    | Manager Name  |                    |
| Street Address  |                    | Street Address  |                    |
| City  | State              | Zip   |                    |
|   |                    |   |                    |
| Check the box to indicate an attachment <input type="checkbox"/>  |                    |   |                    |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.   |                    |   |                    |
| <i>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.</i> |                    |   |                    |
| Name of Authorized Person<br><u>Gail J Mattia</u>   |                    | Date<br><u>10/30/2020</u>   |                    |
| Signature of Authorized Person<br><u>Gail Mattia</u>  |                    |   |                    |

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

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