State of Rhode Island and Providence Plantations

Department of State - Business Services Division

2020 NOV 17 P 2: 54

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

T.T. 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.

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	ed in the second		

1. Entity ID Number 5 04 436 2. Exact name of the Limited Liability Company							
EquiNox roperty Group LL("							
3. NAICS Code 53110 4. Briefidescription of the character of business conducted in Rhode Island							
5. State of Formation Pental Property							
5. State of Formation	5. State of Formation						
TI							
6. Principal Office Address			City	State	Zip		
154 Cachran St		W. Warw	RI	02893			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contag Name T Mattig			Contact Title Manager				
Street Address Cochran St			W. Waru)	State I	21p 02893		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Mapager Name J Mattice			Manager Name To e na m Mattia				
Steel Address Cochran ST			Street Address Same				
W. Warw	SIPT	Zip 02893	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Check the box to indicate an attachment							
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. 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 Youl J Malliq		10/30/2050					
Signature di Authorized Person July Hon Jone Testel							
	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 LILED ,

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