

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

2018

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2020 DEC 28 P 1:31

→ 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. Exact name of the Limited Liability Company				
- 509428.	=9w1	Nox 1	roperty Un	oupl	ار' _ب
3. NAICS Code 531110	Bnot description of the character of business conducted in Rhode Island				
	Po	stal F	roperty		
5. State of Formation	,, 0	11001	roper 19		
TI		_			
6. Principal Office Address			City	State	, Z ip
154 Cachran St			W. Warw	Kエ	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	2ip 2893
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Mapager Name J Mattice			Manager Name Dena mouttig		
Stight Address Cochran ST			Street Address Same		
w.Warw	SIPI	02893	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
		^	Che	ck the box to indi	cate 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	Attic	1	10/3	0/2050	
Signature of Authorized Person					
U			FILED —		

MAIL TO:

Division of Business Services

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

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

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