RI SOS Filing Number: 202185904270 Date: 1/12/2021 9:52:00 AM



State of Rhode Island

Department of State - Business Services Division

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

R.I. DEPT. OF STATE BUS SYCS DJV

2021 JAN 12 AM 9:44

Entity ID Number	2. Exact name of the Limited Liability Company					
1000121291		mpson	Rept & LLC			
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
531110	Commercial Real Estate auxol + rented out to temports				+	
5. State of Formation	rented out to tennants					
6. Principal Office Address GO SNAKE hill Royal			City Harrisville	State	07830	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Con Simpson			Contact Title Prosident, OWNER			
Street Address PO Box 656			City Slaterulle	State	Zip 02876	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name	•	Manager Name				
Street Address			Street Address			
City	State	Zìp	C:ty	State	Zip	
Check the box to indicate an attachment [
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 Cray Simpson Date 1/11/2021						
Signature of Authorized Person						

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

JAN 1 % 2021

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