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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2015

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2021 JAN 12 AM 9: 44

Limited Liability Company

-> 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					
000121291	SIMPSON REALLY LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
531110	commicish rest estate outed and					
5. State of Formation	rented out to tonnyuls					
6. Principal Office Address 6. O Sugue hill Roma			City Hothis su	ille	State R	02\$30
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name CAR SIMPLON			Contact Title Productat, OWLOR			
Street Address PO 730X U.56			City S(A)tersui	16	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	Zıp	City		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	impson	<u>.</u>	Date ///	12021		
Signature of Authorized Person						
	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 JAN 1 2 2021

EDCD> 1550 Am.

FORM 632 - Revised: 08/2020