RI SOS Filing Number: 202185980210 Date: 1/12/2021 4:00:00 PM

| Annual Report for the year: 2020  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. |                        |  |   | FILED STAMP JAN 1 2 2021 BY |                        |  |
|--|------------------------|--|---|-----------------------------|------------------------|--|
| 1. Entity ID Number 487181   | I                      | eme of the Limite  | ed Liability Company .                            |                             |                        |  |
| 3. NAICS Code 531110 5. State of Formation Rhode Island  |                        | Brief description of the character of business conducted in Rhode Island     real estate |   |                             |                        |  |
| 6. Principal Office Address One Randall Square, Unit 12  |                        |  | City - Providence                                 | State                       | Zıp<br>02904           |  |
| 7. Mailing Address of Limit  |                        | iny and Name o   |   |                             |                        |  |
| Contact Name Marc Weinberg   |                        |  | Contact Title Member                              |                             |                        |  |
| Street Address One Randall Square, Unit 12   |                        |  | City Providence                                   | State RI                    | Zip 02904              |  |
| 8. List ALL managers (nar  | mes and addresse       | s) of the Limited  | Liability Company, IF APPLICA                     | BLE - DO NOT LIST           | MEMBERS                |  |
| Manager Name   |                        |  | Manager Name                                      | Manager Name                |                        |  |
| Street Address   |                        |  | Street Address                                    | Street Address              |                        |  |
| City   | State                  | Zip  | City  | State                       | Zıp                    |  |
| Manager Name   |                        |  | Manager Name                                      | Manager Name                |                        |  |
| Street Address   |                        |  | Street Address                                    | Street Address              |                        |  |
| City   | State                  | Zip  | City  | State                       | Zıp                    |  |
| <u>,, -</u>  |                        | 1  |   | Check the box to            | indicate an attachment |  |
| 9. Resident Agent in Rhod  | de Island. This inform | nation is currently  | of record with the Department of Sta              | ate. Changes require fili   | ng Form 642.           |  |
| Under penalty of perjury statements, and that all:   |                        |  | examined this report, including true and correct. | ng any accompanyir          | ng schedules and       |  |
| Name of Authorized Perso   |                        |  |   | ` Date                      |                        |  |

SIGN DOCUMENT HERE

MAIL TO:

Marc Weinberg

**Division of Business Services** 

Signature of Authorized Person

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

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