	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S Providence RI 0290	treet	
HOPE	(401) 222-304		
Limited Liability Con Annual Report Filing Period: September 1			
	. 7-16-66(d), each limited liability comp in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR	: <u>2020</u>		
1. ID No. <u>00165711</u>	9		
2. Exact Name of the Limited Liability Company <u>PARADISE LLC</u>			
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
-	Code that best describes the primary re information on <u>NAICS</u> can be found	-	ity. Download
<u>531390</u>			
4. Brief Description of th	ne Character of the Business Which	is Actually Conducted in Rh	ode Island
REAL ESTATE HOLD	ING		
5. Principal Office Addre	255		
	HIRD AVENUE, 17TH FLOOR		
City or Town: <u>NEW</u>	<u>DELET, LLC</u> YORK	State: <u>NY</u> Zip: <u>10017</u> C	ountry: <u>USA</u>
6. Mailing Address of Li	mited Liability Company and Name	or Title of Contact Person:	
No. and Street: 780 TH	<u>S G. ANTOSHAK</u> Contact Title: IIRD AVENUE, 17TH FLOOR DELET, LLC		
City or Town: <u>NEW Y</u>	· · · · · · · · · · · · · · · · · · ·	State: <u>NY</u> Zip: <u>10017</u> C	ountry: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip	Code, Country

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

COGENCY GLOBAL INC. 222 JEFFERSON BOULEVARD WARWICK, RI 02888

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 26 Day of January, 2021 at 1:40:17 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By THOMAS G. ANTOSHAK

Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2021 State of Rhode Island All Rights Reserved