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|  | State of Rhode Island                                 |          |          |
|--|---|----------|----------|
|  | State of Rhode Island  Department of State - Business | Services | Division |

Annual Report for the year: 2020 Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50,00

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

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2021 JAN 20 A 9: 12

| 1 Entity ID Number   | I 2 5  |  |   |                       |                                 |  |  |
|--|--|--|---|-----------------------|---------------------------------|--|--|
| 1. Entity ID Number 2. Exact name of the Limited                   |  |  | · · · · · · · · · · · · · · · · · · ·       |                       |                                 |  |  |
| 000818632 POND HOUSE PROPERTIES, LLC                               |  |  |   |                       |                                 |  |  |
| 3. NAICS Code  | Brief description of the character of business conducted in Rhode Island |  |   |                       |                                 |  |  |
| 531110   | REAL ESTATE HOLDINGS   |  |   |                       |                                 |  |  |
| 5. State of Formation  |  |  |   |                       |                                 |  |  |
| RI   | RIGL 7-  | RIGL 7-16-4                              |   |                       |                                 |  |  |
| 6. Principal Office Address  | <u> </u>   |  | City  | State                 | Zip                             |  |  |
| 2744 134TH AVENUE NW   |  |  | ANDOVER                                     | MN                    | 55304                           |  |  |
| 7. Malling Address of Limited Lia                                  | bility Company   | and Name or Title                        | of Contact Person                           |                       |                                 |  |  |
| Contact Name   |  |  | Contact Title                               |                       |                                 |  |  |
| Daniel Haskins   |  | <u> </u>                                 | Member                                      |                       |                                 |  |  |
| Street Address<br>2744 134th Avenue N                              | <b>∨</b>   |  | City<br>Andover                             | State<br>MN           | <sup>zio</sup> 55 <b>98</b> 4 ≂ |  |  |
| 8. List ALL managers (names ar                                     | nd addresses) (  | of the Limited Liab                      |   | BLE - DO NOT LIST I   |                                 |  |  |
| Manager Name   |  |  | Manager Name                                |                       |                                 |  |  |
| Street Address   |  |  | Street Address 3 STR                        |                       |                                 |  |  |
| City   | State  | Zip                                      | City  | State                 | \$ 50 V V S                     |  |  |
| Manager Name   |  |  | Manager Name + m                            |                       |                                 |  |  |
| Street Address   |  |  | Street Address                              |                       |                                 |  |  |
| City   | State  | Zip                                      | City  | State                 | Zip                             |  |  |
|  | ·  |  |   | Check the box to i    | indicate an attachment          |  |  |
| 9. The Resident Agent information                                  | on currently of a  | ecord with the RI                        | Department of State is accu                 | irate. Changes requir | e fillng Form 642.              |  |  |
| Under penalty of perjury, I dec<br>statements, and that all staten | lare and affirm<br>nents contains  | n that I have exar<br>nd herein are true | nined this report, includir<br>and correct. | ig any accompanyin    | g schedules and                 |  |  |
| Name of Authorized Person  | Cate /   |  |   |                       |                                 |  |  |
| Daniel Haskins   |  |  | 1/18/2021                                   |                       |                                 |  |  |
| 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

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