RI SOS Filing Number: 202190394280 Date: 2/5/2021 1:49:00 PM

| State of Rhode Island Department of State - Business Services Division | RECEIVED R.I. DEPT. OF STATE BUS SYCS DIV |
|---|---|
| Annual Report for the year: 2019 Limited Liability Company | 2021 JAN 20 PM 1: 49 |
| → 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 | | | | | | |
|--|---|-----|---------------------|----------|----------------------|--|--|
| 1672441 | 420 Dry Bridge LLC | | | | | | |
| | | | | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | | | |
| 531110 | Real Estate Holding | | | | | | |
| 5. State of Formation | | | | | | | |
| RI | | | | | | | |
| 6. Principal Office Address | City | | | State | Zip | | |
| 420 Dry Bridge Road | | | North Kingstown | RI | 02852 | | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | | |
| Contact Name Timothy Ratkiewicz | | | Contact Title Owner | | | | |
| treet Address 28 Wright Street | | | City Agawam | State MA | ^{Zip} 01001 | | |
| 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 Namo | | | Manager Namo | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | 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. | | | | | | | |
| | | | | Date | , | | |
| TIMOTHY RATKIEWICZ | | | 12/10) | 120 | | | |
| Name of Authorized Person TIMOTHY RATKIEWICZ Signature of Authorized Person White Company of Authorized Person 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

FORM 632 - Revised: 05/2020