RI SOS Filing Number: 202193430930 Date: 3/1/2021 4:31:00 PM



State of Rhode Island

Department of State - Business Services Division

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

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

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

2021 MAR -1 P 4: 27

1. Entity ID Number	2 5	2 Event some of the last terms				
→ . =		2. Exact name of the Limited Liability Company				
1665197		SPECIAL BROAD ASSOCIATES UL				
3. NAICS Code	4. Brief de	4. Brief description of the character of business conducted in Rhode Island				
53/190	POA	POALESTATO HOLOUSE				
5. State of Formation						
lZ_		(Real Estate Holding)				
6. Principal Office Address			City Central	Fall'S State	Zip	
712 BEULD 57.			Cof	RI	02863	
7. Mailing Address of Limited I	Liability Compa	any and Name o	r Title of Contact Person			
Contact Name Mo76 A	/207E	(Aneth	Contact Title	scur me	u RT	
Street Address OS BEOAD	57.	Alzo	te) City T.	State	Zip 02563	
8. List ALL managers (names	and addresse	s) of the Limited	Liability Company, IF APP	LICABLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address	Street Address		
City	State	Zıp	City	State	Zip	
Manager Name		<u> </u>	Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	True		- 			
	State	Žip	City	State	Zip	
				Check the box to	indicate an attachment	
9. The Resident Agent informa	tion currently o	of record with the	RI Department of State is	accurate. Changes requir	e filing Form 642	
Under penalty of perjury, I de statements, and that all state	eclare and affi	irm that I have o	examined this report Inc	luding any accompanyin	g schedules and	
Name of Authorized Person	1			Date		
LANOTH 1	1/207	16		3/1/	262/	
Signature of Authorized Person			•			
			-	·		
		7) —				
	(

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**

MAR 0 1 2021

KL ZCBB

4:31