Annual Report for the year: Limited Liability Company → Filing period: September 1 - November 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by Decer			RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV Mber 1. 2021 APR 28 A 11: 06		
3. NAICS Code 5. State of Formation	4. Brief description of the character of business conducted in Rhode Island HNVEST NOT PROPERTIES. X				
R/	TROPERTY MANASEMENT				
6. Principal Office Address 13 Cedal PONO	PR 91	011	City Wal WICK	State	05886
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Matt Molley			Contact Title OWNRK		
Street Address 13 CodoR	POND DI	1 apt 1	CITY WARWICK	State	zip 0 2886
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 Name			Menager Name		
Street Address			Street Address		
City	State	Zìp	City	State	Zip
	.1	I	CI	neck the box to ind	icate 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 dec statements, and that all states			nined this report, including an and correct.	y accompanying :	schedules and
Name of Authorized Person Natt, Molloy				Date 4/	22/21
Signature of Authorized Person	lithu	Publi	34		
		0		FILED	
MAIL TO: Division of Business Services			APR 2 8 2021		
148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov			BY CU BONCB		