RI SOS Filir	ng Number:	2021979368	70 Date: 6/8/2021	2:31:	00 PM	•
State of Rhode Island Department of Sta	ate - Busin	ess Services	Division			
Annual Report for the yearimited Liability Compan → Filing period: September of → Filing Fee: \$50.00 → Penalty: Additional \$25.00	- 23					
1. Entity ID Number	2. Exact name of the Limited Liability Company					
145205	MER, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
531190	Real Estate Holding					
5. State of Formation	3					
RI					01.4-	/
6. Principal Office Address	_	.1	City		State RT	02813
168 Carolina F	Charlestown	7	1/4	C1000		
7. Mailing Address of Limited Lia	bility Company	and Name or Title			······································	
Contact Name Marisa Dil	Member Manufer					
Street Address Apple Malley Dartword			citySmithfield		State	Zip 02828
8. List ALL managers (names at	nd addresses) o	f the Limited Liabi	lity Company, IF APPLICAS	BLE - DO	O NOT LIST ME	WIBERS
Manager Name	,·					
Street Address , //	Street Address.					
City	State .	Zip	City /	, J	State, 7	
Manager Name	Manager Name					
Street Address	Street Address					
City	State	Zip	City	. - ·	State	Zip
Check the box to indicate an attachment						
9. The Resident Agent informati	ion currently of	ecord with the RI	Department of State is accu	ırate. C	hanges require f	iling Form 642.
Under penalty of perjury, I de statements, and that all state	clare and affire	n that I have exa	nined this report, includin	ng any a	accompanying :	schedules and
Name of Authorized Person () Lu Marisa Dilibero Rizzo (e)						/
Signature of Authorized Rerson					, ,	

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

JUN 0 8 2021

EH7X8

21.3 | FORM 632 - Revised: 08/2020