

FILEDIAMP

Annual Report for the year:

-> Filing period: September 1 - November 1

→ Filing Fee: \$50.00

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

AUG 3 0, 2021
V22
BY

Entity ID Number	2. Exa	čt name c	of the Limited L	iability Company	$\overline{}$		
000130378	0	AMO.		iability Company			
3. NAICS Code	1 0	CONCAB REALTY, LLC					
	4. Brief	Brief description of the character of business conducted in Rhode Island					
53/1/0	T .	4					
5. State of Formation	╡.	REN	ITAL				
RI	,						
6. Principal Office Address		<u> </u>		T			
21 POWDER HILL ROAD				City	State	Zip	
				LINCOLN	I RI	02865	
7. Mailing Address of Limited L Contact Name	iability Cor	mpany an	d Name or Title	of Contact Person			
<u>BRIAN</u> CABRAL				Contact Title PARTNER			
21 POWDER HILL ROAD				City LINCOLN	State	Zip	
				LINCOLN	1 <i>K</i> /	Zip 02865	
Manager Name							
			Manager Name				
Street Address				Street Address			
City	Cara	: : T.					
	State	<u>.</u>	Zip	City	State	Zip	
Manager Name	<u> </u>	`		Manager Name			
3				Wallage Haille			
Street Address				Street Address			
City	State	1 7		04			
	J	<u>'</u>	-Ψ	City	State	Zip	
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 a first that I have a filing form 642.							
9. The Resident Agent information	on currentl	y of recor	d with the RI D	Innortment of Cinia !	-		
					y accompanying s	chedules and	
statements, and that all states. Name of Authorized Person	THEIRS CON	tainea ne	erein are true i	and correct.			
BRIAN CABRAL					Date 8 - 1/2	-2021	
Signature of Authorized Person	1	ì			1 0 26	X02/	
Brun de	no)					
, ————							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov