RI SOS Filing Number: 202100738360 Date: 9/2/2021 4:00:00 PM



State of Rhode Island

## **Department of State - Business Services Division**

FRED

STAKE

Annual Report for the year: \_\_ Limited Liability Company

2021

SEP 2 2021

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→ 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                           |     |                |       |           |
|--|--|-----|----------------|-------|-----------|
| 133325   | TES REALTY LLC   |     |                |       |           |
| 3. NAICS Code 531110   | Brief description of the character of business conducted in Rhode Island |     |                |       |           |
| SECTOR 53/   | 12   |     | · · · · · ·    |       |           |
| 5. State of Formation  | - REAL ESTATE RENTAL PROPERTY  |     |                |       |           |
| Phope ISLAND   | ·  |     |                |       |           |
| 6. Principal Office Address  |  |     | City           | State | Zip       |
| 21 ROOMAN STREET   |  |     | NARRAGANSETT   | RI    | 02882     |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |  |     |                |       |           |
| Contact Name Thomas Hogan  |  |     | Contact Title  |       |           |
| Street Address 21 RODMAN STREET  |  |     | City           | State | Zip 02882 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IP APPLICABLE - DO NOT LIST MEMBERS   |  |     |                |       |           |
| Manager Name   |  |     | Manager Name   |       |           |
| Street Address   |  |     | Street Address |       |           |
| City   | State  | Zip | City           | State | Zip       |
| Manager Name   |  |     | Manager Name   |       |           |
| Street Address   |  |     | Street Address |       |           |
| City   | State  | Zıp | 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. |  |     |                |       |           |
| Name of Authorized Person Date   |  |     |                |       |           |
| Thomas Hogan   |  |     |                | 9/1/  | 2021      |
| Signature of Authorized Person Q   |  |     |                |       |           |
| Memartraco   |  |     |                |       |           |
| //   |  |     |                |       |           |

MAIL TO:

**Division of Business Services** 

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

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