RI SOS Filing Number: 202100742790 Date: 9/2/2021 4:00:00 PM

(B)	State of Rhode Island and Providence Plantations Department of State - Business Services Division
-9" "	

Annual Report for the year: _ <u>202/</u> **Limited Liability Company** → 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 nar	me of the Limited	d Liability Company				
000164257							
NAICS Code 4. Brief description of the character of business conducted in Rhode Island							
531/20 PROPERTY MANANGE MENT							
5. State of Formation							
RI	-		ر مسیومی ریبر، _{مصرد} مسیومی ریبر، م				
6. Principal Office Address 2380 CRHNSTONS	5+		CRANSTON	State RJ	Zip 025 20		
7. Mailing Address of Limited L		nv and Name or	Title of Contact Person				
Contact Name HATRICI A FOR			Contact Title PRES.				
Street Address	for St		City CRANSFON	State RI	^{Zip} 03920		
8. List ALL managers (names	and addresses	s) of the Limited	Liability Company, IF APPLICABL	E - DO NOT LIST M	IEMBERS		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Manager Name		,,L	Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
				Check the box to it	ndicate an attachment		
9 Resident Agent in Rhode Is	sland. This inton	mation is currently	of record with the Department of State	e. Changes require filin	ig Form 642.		
Under penalty of perjury, I of statements, and that all sta	declare and af	firm that I have	examined this report, including	any accompanyin	g schedules and		
Name of Authorized Person		Date C/	2661				
PATRICIH A.	FORTE			0/0	16/21		
Signature of Authorized Pers	7 1	SIGN	DOCUMENT HERE	·			
I PAINUW // Ja	NI						

MAIL TO:

Division of Business Services

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

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