

| Annual Report for the year: | 2021 |
|-----------------------------|------|
| 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.

|     | FILED       |
|-----|-------------|
|     | SEP 07 2021 |
| BY_ | <u>1606</u> |
|     |             |

| 4.5.4.45.44  | T                  |  |   |                      |                      |  |  |  |
|--|--------------------|--|---|----------------------|----------------------|--|--|--|
| 1. Entity ID Number<br>001685180                           |                    | 2. Exact name of the Limited Liability Company PAT RON REALTY INC        |   |                      |                      |  |  |  |
| 3. NAICS Code  | 4. Brief de        | Brief description of the character of business conducted in Rhode Island |   |                      |                      |  |  |  |
| 522310   | PRIVATE            | PRIVATE COMMERCIAL REAL ESTATE LENDING                                   |   |                      |                      |  |  |  |
| 5. State of Formation RI                                   |                    |  |   |                      |                      |  |  |  |
| 6. Principal Office Address                                |                    |  | City  | State                | Zıp                  |  |  |  |
| 23 B WATERVIEW DRIVE                                       |                    |  | SMITHFIELD  | RI                   | 02917                |  |  |  |
| 7. Mailing Address of Limite                               | d Liability Compa  | any and Name o   | r Title of Contact Person                         |                      |                      |  |  |  |
| Contact Name RONALD THIBADEAU                              |                    |  | Contact Title                                     |                      |                      |  |  |  |
| Street Address 23 B WATERVIEW DRIVE                        |                    |  | City SMITHFIELD                                   | State RI             | <sup>Zip</sup> 02917 |  |  |  |
| 8. List <b>ALL</b> managers (nam                           | es and addresse    | s) of the Limited  | Liability Company, IF APPLICABL                   | LE - DO NOT LIST I   | MEMBERS              |  |  |  |
| Manager Name   |                    |  | Manager Name                                      |                      |                      |  |  |  |
| Street Address   |                    |  | Street Address                                    |                      |                      |  |  |  |
| City   | State              | Zıp  | City  | State                | Zip                  |  |  |  |
| Manager Name   |                    |  | Manager Name                                      |                      |                      |  |  |  |
| Street Address   |                    |  | Street Address                                    |                      |                      |  |  |  |
| City   | State              | Zrp  | City  | State                | Zip                  |  |  |  |
|  |                    |  |   | Check the box to i   |                      |  |  |  |
| 9. The Resident Agent inform                               | mation currently o | of record with the   | RI Department of State is accura                  | ate. Changes require | e filing Form 642.   |  |  |  |
| Under penalty of perjury, I<br>statements, and that all st | declare and aff    | irmrthat I have in and herein are  | examined this report, including true and correct. | any accompanyin      | g schedules and      |  |  |  |
| Name of Authorized Person                                  |                    |  |   | Date                 |                      |  |  |  |
| RONALD THIBADEAU   |                    |  | 9/3/21  |                      |                      |  |  |  |
| Signature of Authorized Per                                |                    |  |   |                      |                      |  |  |  |

MAIL TO:

**Division of Business Services** 

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

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