RI SOS Filing Number: 202101029980 Date: 9/7/2021 4:00:00 PM



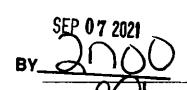
Annual Report for the year: 2021
Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

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

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|---|--------------------------|---|---------------------------------------|---------------------|-----------------------|--|--|--|
| 1. Entity ID Number 000125289 | 1 | 2. Exact name of the Limited Liability Company | | | | | | |
| | MULLIGA | MULLIGAN PROPERTIES, LLC | | | | | | |
| 3. NAICS Code | 1 | 4. Brief description of the character of business conducted in Rhode Island | | | | | | |
| 521110 | 1 | Ownership, operation, management, development and leasing of residential and commercial | | | | | | |
| 5. State of Formation | real estate. | real estate. | | | | | | |
| RI | | | | | | | | |
| 6. Principal Office Address | Principal Office Address | | | State | Zip | | | |
| 192 Parkside Drive | | | Warwick | RI | 02888 | | | |
| 7. Mailing Address of Limited | | y and Name or Tit | | | | | | |
| Contact Name Laurie A. O'Rourke | | | Contact Title Manager | | | | | |
| Street Address 192 Parkside Drive | | | City Warwick | State RI | ^{Zip} 02888 | | | |
| 8. List ALL managers (name | s and addresses) | of the Limited Lia | bility Company, IF APPLICA | ABLE - DO NOT LIST | MEMBERS | | | |
| Manager Name Lane DeYoe | | | Manager Name | | | | | |
| Street Address 11997 North Lake Drive | | | Street Address | | | | | |
| ^{City} Boynton Beach | State FL | ^{Zip} 33436 | City | State | Zip | | | |
| Manager Name | | | Manager Name | | | | | |
| Street Address | | | Street Address | | | | | |
| City | State | Zip | City | State | Zip | | | |
| | | <u> </u> | . | Check the box to i | ndicate 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 statements, and that all sta | | | · · · · · · · · · · · · · · · · · · · | ing any accompanyin | g schedules and | | | |
| Name of Authorized Person Date | | | | | | | | |
| LAURIE A. O'ROURKE, Manager | | | | | 12021 | | | |
| Signature of Authorized Pers | on Rauske | _ | | | | | | |

MAIL TO:

Division of Business Services

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

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