

FILED

SEP 07 2021

BY 183 0°

inited 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.

Entity ID Number 2. Exact name of the Limited Liability Company						
001687985 IRSD Properties LLC						
3. NAICS Cody 3	4. Brief des	scription of the c	haracter of business condu	cted in Rhode Island		
5. State of Formation Rindle Isour	Rea	Lesta	te operat	ON		
6 Principal Office Address		•	City	State	Zip	
35 Shore I	<u> Jrive</u>	<u>} </u>	Warrer	L RI	03885	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name KIRK Dexter			Contact Title	Contact Title Manager		
Street Address 35 S	hore	Dr	City Warre	C State RJ	Z Z D O O O O O O O O O	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City. 1		= -= z _{in} ^ ;	City	State	Zip	
Manager Nar			Manager Name	Manager Name		
Street Address			Street Address			
City	State	Zıp	City	State	Zip	
				Check the boy to i	indicate an attachment	
9. The Resident Agent information						
Under penalty of perjury, I dec statements, and that all staten	lare and affi nents contai	rm that I have (ned herein are	examined this report, incl true and correct.	uding any accompanyin	g schedules and	
Name of Authorized Person Date						
KIRK. Dexter 911121						
Signature of Authorized Person						
L GUGLYVITU						
/ /						

MAIL TO:

Distriction of Business Services

V. River Street, Providence, Rhode Island 02904-2615

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