RI SOS Filing Number: 202101034470 Date: 9/7/2021 4:00:00 PM



State of Rhode Island

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

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.

| Entity ID Number   | Exact name of the Limited Liability Company                              |     |                       |            |                       |
|--|--|-----|-----------------------|------------|-----------------------|
| 000714693  | RI RENTALS, LLC  |     |                       |            |                       |
| 3. NAICS Code  | Brief description of the character of business conducted in Rhode Island |     |                       |            |                       |
| 531110   | OWN AND LEASE RESIDENTIAL REAL ESTATE                                    |     |                       |            |                       |
| 5 State of Formation   | 1  |     |                       |            |                       |
| RHODE ISLAND   |  |     |                       |            | !                     |
| 6 Principal Office Address   |  |     | City                  | State      | Zip                   |
| PO BOX 114117  |  |     | NORTH PROVIDENCE      | RI         | 02911                 |
| 7 Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |     |                       |            |                       |
| Contact Name KEITH PRUE  |  |     | Contact Title         |            |                       |
| Street Address PO BOX 114117   |  |     | City NORTH PROVIDENCE | State RI   | Z <sub>IP</sub> 02911 |
| 8 List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |  |     |                       |            |                       |
| Manager Name ,   |  |     | Manager Name          |            |                       |
| Street Address   |  |     | Street Address        |            |                       |
| City   | State  | Zıp | City                  | State      | Zıp                   |
| 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       |                       |
| KEITH PRUE   |  |     |                       | 09/01/2021 |                       |
| Signature of Authorized Person,  |  |     |                       |            |                       |

## MAIL TO:

**Division of Business Services** 

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

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