RI SOS Filing Number: 202101058250 Date: 9/7/2021 4:00:00 PM



## **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.

| FILED           |  |
|-----------------|--|
| SEP 0 7 2021 MP |  |
| BY OOH          |  |
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|                 |  |

| Entity ID Number   | 2. Exact name of the Limited Liability Company                              |                      |                               |                       |                        |  |
|--|---|----------------------|-------------------------------|-----------------------|------------------------|--|
| 135570   | SPM REALTY, LLC   |                      |                               |                       |                        |  |
| 3. NAICS Code  | 4. Brief description of the character of business conducted in Rhode Island |                      |                               |                       |                        |  |
| 531120   |   |                      |                               |                       |                        |  |
| 5. State of Formation  | to deal with real estate  |                      |                               |                       |                        |  |
| Rhode Island   |   |                      |                               |                       |                        |  |
| 6. Principal Office Address  |   |                      | City                          | State                 | Zip                    |  |
| 75 Warner Lane   |   |                      | Pascoag                       | RI                    | 02859-0000             |  |
| 7. Mailing Address of Limited Lia                                  | bility Company  | and Name or Tit      | tle of Contact Person         |                       |                        |  |
| Contact Name Paul McGinn   |   |                      | Contact Title Manager         |                       |                        |  |
| Street Address 75 Warner Lane                                      |   |                      | City Pascoag                  | State<br>RI           | Zip<br>02859-0000      |  |
| 8. List ALL managers (names a                                      | nd addresses) o   | f the Limited Lia    | bility Company, IF APPLICA    | BLE - DO NOT LIST     | MEMBERS                |  |
| Manager Name Paul McGinn   |   |                      | Manager Name                  |                       |                        |  |
| Street Address<br>75 Warner Lane                                   |   |                      | Street Address                |                       |                        |  |
| City Pascoag   | State<br>RI   | <sup>Zip</sup> 02859 | City                          | State                 | Z <sub>I</sub> p       |  |
| Manager Name   |   |                      | Manager Name                  |                       |                        |  |
| Street Address   |   |                      | Street Address                |                       |                        |  |
| City   | State   | Zip ·                | City                          | State                 | Zip                    |  |
|  |   | <u> </u>             |                               | Check the box to      | indicate an attachment |  |
| 9. The Resident Agent information                                  | on currently of re  | cord with the R      | I Department of State is accu | urate. Changes requir | e filing Form 642.     |  |
| Under penalty of perjury, I dec<br>statements, and that all states |   |                      | •                             | ng any accompanyin    | g schedules and        |  |
| Name of Authorized Person  |   |                      |                               | Date                  |                        |  |
| Paul McGinn  |   |                      | Manager                       | 09/01/2021            |                        |  |
| Signature of Authorized Person                                     |   |                      |                               | 09/0                  | 1/2021                 |  |
|  |   |                      |                               | /                     | /                      |  |

MAIL TO:

**Division of Business Services** 

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

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