RI SOS Filing Number: 202101180410 Date: 9/9/2021 4:00:00 PM

Annual Report for the Limited Liability Com → Filing period: Septemble → Filing Fee: \$50.00 → Penalty: Additional \$25	i pany per 1 - Novemi	ber 1	December 1.	FILED SEP 0 9 20		
1. Entity ID Number 2. Exact name of the Limited Spaumdo, LLC			ed Liability Company	7) 1		
3. NAICS Code 53 -Real Estate Rental 5. State of Formation Rhode Island	, ,	Brief description of the character of business conducted in Rhode Island Owns rental property				
6. Principal Office Address 11 S. Angell Street, Suite 357			City Providence	State RI	Zip 02906	
7. Mailing Address of Limited	Liability Compa	any and Name o			<u> </u>	
Contact Name Alan Doyle			Contact Title Member			
Street Address 11 S. Angell Street, Suite 357			City Providence	State RI	^{Z₁p} 02906	
8. List ALL managers (name	s and addresse	s) of the Limited	Liability Company, IF APPLICAE	BLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zıp	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zıp	City	State	Zip	
 .				Check the box to	indicate an attachment	
9. The Resident Agent inform	nation currently	of record with th	e RI Department of State is accu	ırate. Changes requi	re filing Form 642.	
Under penalty of perjury, I statements, and that all sta			examined this report, including	ig any accompanyi	ng schedules and	
Name of Authorized Person				Date		

MAIL TO:

Alan Doyle

Division of Business Services

Signature of Authorized Person

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

Phone: (401) 222-3040 Website: www.sos.ri.gov August 31, 2021