RI SOS Filing Number: 202101919290 Date: 9/20/2021 4:00:00 PM

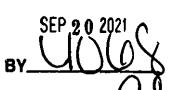
FILED



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 202

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.		2. Exact name of the limited liability company				
126848	Power P	roperty, LLC			`	
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island Real Estate Management					
5. Principal office address 111 Sundale Road			City Cranston	State RI	Zip 02921	
6. MAILING ADDRESS OF	LIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTAC	T PERSON:	•	
Contact Name Thomas Ferry			Contact Title Member			
Street Address 111 Sundale Road				State RI	Zip 02921	
7. LIST ALL MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPAN	Y, IF APPLICABLE - <u>DO</u>	NOT LIST MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN R	HODE ISLAND	<u> </u>				
		e Office of the Sec	retary of State. Changes requ	ire filing Form 642.		
			,			

FILED

File Date SEP 2.0 2021	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements,
Check No BY	and that all statements contained herein are true and correct. Member
By:	Signature of Authorized Person Date
FOR SECRETARY OF STATE USE ONLY	Thomas Ferry, Member Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012