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State of Rhode Island

Department of State - Business Services Division

R.I. DEPT. OF STATE BUS SYCS DIV

Annual Report for the year: **Limited Liability Company**

2021 SEP 21 PM 12: 28

→ 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 | | | | | |
|--|---|-----|------------------|--------------|--------------|--|
| 000267272 | 2 Ridge HIU HEAVY UC | | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | | |
| 531390 | OWNERSHOT MANAGEMENT OF PEACESTATE | | | | | |
| 5. State of Formation | | | | | | |
| 6. Principal Office Address Blown ST | | | city WCCKFOMO | State V2 | Zip 02852 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | |
| Contact Name BETHANY MAZZA | | | Contact Title | PHS. | | |
| Street Address 89 Brown ST | | | City WICKFOMD | State A | Zip 02852 | |
| 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 | Zip | |
| Manager Name | • | | Manager Name | Manager Name | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | 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 BEHANY D MA 22A 9/17/21 | | | | | | |
| 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 FILED

SEP 2 1 2021

FORM 632 - Rovised: 08/2020