



State of Rhode Island  
**Department of State - Business Services Division**

**FILED STAMP**

**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.

SEP 22 2021  
 BY 2338

|   |       |   |                          |                 |              |
|---|-------|---|--------------------------|-----------------|--------------|
| 1. Entity ID Number<br><b>000506036</b>   |       | 2. Exact name of the Limited Liability Company<br><b>BARBOSA PROPERTIES, LLC</b>                              |                          |                 |              |
| 3. NAICS Code<br>531120   |       | 4. Brief description of the character of business conducted in Rhode Island<br>TO OWN AND OPERATE REAL ESTATE |                          |                 |              |
| 5. State of Formation<br>RHODE ISLAND   |       |   |                          |                 |              |
| 6. Principal Office Address<br>205 NORTH BROW STREET  |       |   | City<br>EAST PROVIDENCE  | State<br>RI     | Zip<br>02914 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |   |                          |                 |              |
| Contact Name<br>EDWARD S. BARBOSA   |       |   | Contact Title<br>MANAGER |                 |              |
| Street Address<br>45 BRIAN HOLLOW ROAD  |       |   | City<br>COVENTRY         | State<br>RI     | Zip<br>02816 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |       |   |                          |                 |              |
| Manager Name<br>N/A   |       | Manager Name<br>N/A   |                          |                 |              |
| Street Address  |       | Street Address  |                          |                 |              |
| City  | State | Zip   | City                     | State           | Zip          |
| Manager Name<br>N/A   |       | Manager Name<br>N/A   |                          |                 |              |
| Street Address  |       | Street Address  |                          |                 |              |
| City  | State | Zip   | City                     | State           | Zip          |
| Check the box to indicate an attachment <input type="checkbox"/>  |       |   |                          |                 |              |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.   |       |   |                          |                 |              |
| <b>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.</b> |       |   |                          |                 |              |
| Name of Authorized Person<br>EDWARD S. BARBOSA  |       |   |                          | Date<br>9/15/21 |              |
| Signature of Authorized Person<br>✓   |       |   |                          |                 |              |

**MAIL TO:**  
 Division of Business Services  
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