RI SOS Filing Number: 202102141140 Date: 9/24/2021 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

SEP 2 4 2021 STAMP

- → Filing period: September 1 November 1
- → Filing Fee: \$50.00
- -> Penalty: Additional \$25.00 fee if form is not filed by December 1.

3. NAICS Code 531311 5. State of Formation Rhode Island 6. Principal Office Address P.O. Box 5571	4. Brief descri Real Estate	ption of the chare	acter of business conducted	in Rhode Island		
Rhode Island 6. Principal Office Address						
·			City Wakefield	State RI	Zip 02880	
7. Mailing Address of Limited Lia	ability Company	and Name or Titl	e of Contact Person			
Contact Name Jaime Gardner			Contact Title managing member and tax matters member			
Street Address 15 Sweet Fern Land			City Wakefield	State RI	^{Z₁} 02879	
8. List ALL managers (names a	nd addresses) o	f the Limited Liab	oility Company, IF APPLICA	BLE - DO NOT LIST I	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zıp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zep	
	<u> </u>		<u> </u>	Check the box to it	ndicate an attachment	
9. The Resident Agent information	on currently of re	cord with the RI	Department of State is acc	urate. Changes require	filing Form 642.	
Under penalty of perjury, I dec statements, and that all staten				ng any accompanyin	g schedules and	
Name of Authorized Person				Date	Date	
Jaime Gardner				09/20/20	09/20/2021	
Signature of Authorized Person	One					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Wabsite: www.sos.ri.gov