



State of Rhode Island

## Department of State - Business Services Division

**FILED**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 27 2021

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------------------------------------------------------------------------------------|----------------|--------------------|--------------|
| 1. Entity ID Number<br><b>000129550</b>                                                                                                                                                                     |       | 2. Exact name of the Limited Liability Company<br><b>IMS PROPERTIES, LLC</b>                    |                |                    |              |
| 3. NAICS Code<br>531110                                                                                                                                                                                     |       | 4. Brief description of the character of business conducted in Rhode Island<br>Property Holding |                |                    |              |
| 5. State of Formation<br>RI                                                                                                                                                                                 |       |                                                                                                 |                |                    |              |
| 6. Principal Office Address<br>40 Carriage Ln                                                                                                                                                               |       | City<br>Kingston                                                                                |                | State<br>RI        | Zip<br>02881 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                 |                |                    |              |
| Contact Name<br>Ina Sciabarrasu                                                                                                                                                                             |       | Contact Title<br>Owner                                                                          |                |                    |              |
| Street Address<br>40 Carriage Ln                                                                                                                                                                            |       | City<br>Kingston                                                                                |                | State<br>RI        | Zip<br>02881 |
| 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 | Zip                                                                                             | City           | State              | Zip          |
| Manager Name                                                                                                                                                                                                |       |                                                                                                 | Manager Name   |                    |              |
| 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.                                                                         |       |                                                                                                 |                |                    |              |
| <i>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.</i> |       |                                                                                                 |                |                    |              |
| Name of Authorized Person<br>Ina Sciabarrasi                                                                                                                                                                |       |                                                                                                 |                | Date<br>09/23/2021 |              |
| Signature of Authorized Person<br><i>Ina Sciabarrasi</i>                                                                                                                                                    |       |                                                                                                 |                |                    |              |

**MAIL TO:**

Division of Business Services

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