



State of Rhode Island
Department of State – Business Services Division

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

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BUS SVCS DIV

2021 SEP -8 P 4:03

1. Entity ID No. 001675839		2. Exact name of the Limited Liability Company Homestead Property Management, LLC			
3. NAICS Code 531312		4. Brief description of the character of business conducted in Rhode Island To purchase, hold, develop, rent and sell real estate.			
5. State of Formation Rhode Island					
6. Principal Office Address 84 Greene Street			City North Smithfield	State RI	Zip 02896
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person David A. Degrange					
Street Address 84 Greene Street					
City North Smithfield	State RI	Zip 02896			
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE – DO NOT LIST MEMBERS					
Manager Name David A. Degrange			Manager Name Cindy A. Degrange		
Street Address 84 Greene Street			Street Address 84 Greene Street		
City North Smithfield	State RI	Zip 02896	City North Smithfield	State RI	Zip 02896
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. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of 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.

David A. Degrange
Signature of Authorized Person

Date **9-3-2021**
FILED

David A. Degrange
Name of Authorized Person

SEP 28 2021
BY *321*

MAIL TO:
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