

Department of State - Business Services Division

FILED STAMP

55/5

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.

1. Entity ID Number 000121848		2. Exact name of the Limited Liability Company Rural Restorations, LLC				
3. NAICS Code	4. Brief de	4. Brief description of the character of business conducted in Rhode Island				
531390	Purchase	Purchase, Renovation, renting or sale of real estate, Title. 7-16				
5. State of Formation						
Rhode Island						
6. Principal Office Address			City	State	Zip	
66 Main Street			Wakefield	RI	02879	
7. Mailing Address of Limite		any and Name o				
Contact Name Cherrie R. Perkins			Contact Title Member			
Street Address 66 Main Street			City Wakefield	State RI	^{Zip} 02879	
8. List ALL managers (nam	nes and addresse	s) of the Limited	Liability Company, IF APPLICA	BLE - DO NOT LIST	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	Zıp	
		l		Check the box to	ndicate an attachment	
9. The Resident Agent infor	mation currently	of record with the	e RI Department of State is acci			
Under penalty of perjury, statements, and that all s	i declare and aff tatements conta	irm that I have ined herein are	examined this report, includir true and correct.	ng any accompanyin	g schedules and	
Name of Authorized Person				Date		
Cherrie R. Perkins				9/30/21		
Signature of Authorized Pe	rson -					
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MAIL TO:

Division of Business Services

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

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