RI SOS Filing Number: 202102893120 Date: 10/7/2021 4:00:00 PM

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

| State of Rhode Island Department of State - Business Services Division | n File | | |
|---|------------|--|--|
| Annual Report for the year: 2021 | OCT 7 2021 | | |
| Limited Liability Company | 1 117 | | |
| → Filing period: September 1 - November 1 → Filing Fee: \$50.00 | BY 8117 | | |

| 1. Entity ID Number | 2. Exact na | 2. Exact name of the Limited Liability Company | | | | | |
|---|------------------|---|-----------------------------|---------------------------|-----------------------|--|--|
| 1710620 | Abby Pi | Abby Properties, LLC | | | | | |
| 3. NAICS Code 531390 | TO OWN, | Brief description of the character of business conducted in Rhode Island TO OWN, ACQUIRE, MANAGE, RENT AND SELL REAL ESTATE AND ALL MATTERS | | | | | |
| 5. State of Formation | RELATEL |) THERETO | | | | | |
| Rhode Island | | | | | | | |
| 6. Principal Office Address | | | City | State | Zip | | |
| 178 Lakeview Avenue | | | Falmouth | MA | 02540 | | |
| 7. Mailing Address of Limited | Liability Compa | iny and Name o | Title of Contact Person | · | | | |
| Contact Name Mary Ellen Northern | | | Contact Title Member | | | | |
| Street Address 178 Lakeview Avenue | | | City Falmouth | State MA | ^{Zip} 02540 | | |
| 8. List ALL managers (name | s and addresse | s) of the Limited | Liability Company, IF APPL | ICABLE - DO NOT LIST N | MEMBERS | | |
| Manager Name | | | 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 | | |
| | l | | | Check the box to it | ndicate an attachment | | |
| 9. The Resident Agent inform | nation currently | of record with the | e RI Department of State is | accurate. Changes require | e filing Form 642. | | |
| Under penalty of perjury, I statements, and that all st | | | | uding any accompanyin | g schedules and | | |
| Name of Authorized Person | | | | Date | Date | | |
| MARY ELLEN NORTHERN | | | 9/29/20 | 9/29/2021 | | | |
| Signature of Authorized Pers | Wen 11 | other | | | | | |

MAIL TO:

Division of Business Services

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

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