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State of Rhode Island Department of State - Business Services Division

FILED

OCT 12 2021

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 No 001710183		2. Exact name of the Limited Liability Company LFOD, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island real estate holding					
5 State of Formation						
Rhode Island					•	
6. Principal Office Address 250 Green Mountain Road			Cay Effingham		State Zip	
7. Mailing Address of Li	mited Liability Co	mpany and Name or	Title of Contact Person			
Scott D. Hilsman			· · - ·			
250 Green Mountain Road						
Cuy Effingham	State NH	21p 03882	;		!	
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8. List ALL managers (na	imes and addresses) of the Limited Liahi	lity Company. IF APPLICABLE	E - DO NOT LIST ME	MBERS	
Manager Name Scott D. Hilsman			Manager Name Maureen A. Wuelfing-Hilsman			
Street Address 250 Green Mountain Road			Street Address 250 Green Mountain Road			
City Effingham	State NH	Zip 03882	Cny- Effingham	State NH	Zip 03882	
Manager Name	•		Manager Name	\·	· · · · · · · · · · · · · · · · · · ·	
Street Address			Sireet Address			
Cuy	State	Zip	City	State	Zip	
9. REGISTERED AGENT IN RHODE ISLAND			Check the box to indicate an attachment			
This information is current	tly of record in the	Office of the Secretary	y of State. Changes require filing	of Form 642		
Under penalty of perjury, I contained herein are true an	declare and affirm d correct.	that I have examined	this report, including any accom	npanying schedules and	l statements, and that all statements	

10-1-21

Scott D. Hilsman

Name of Authorized Person

MAIL TO:

Division of Business Services

148 W. River Street, Providence, RI 02904-2615

Phone: 401.222.3040 Website: www.sos.ri.gov