RI SOS Filing Number: 202103140070 Date: 10/12/2021 4:00:00 PM



Department of State - Business Services Division

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→ 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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1. Entity ID Number	2. Exact name of the Limited Liability Company						
000/63215							
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
531390	Rad estate						
5. State of Formation							
RI							
6. Principal Office Address	1		City , (1)	State	Zip		
2 School S	(54,		City Albion	RI	03802		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Street Address P.O. Bak 365		Contact Title					
Street Address P.O. Box	x 362 city 1976,on		State RI	Zip O D D D D D			
8. List ALL managers (names ar	nd addresses) of	the Limited Liabi	lity Company, IF APPLICABLE - D	OO NOT LIST ME	MBERS		
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	Žlp		
Check the box to indicate an attachment							
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing 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.							
Name of Authorized Person Signature of Authorized Person			Date 10/8/31				
Signature of Authorized Person Hnthony Maro Ht							

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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