

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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| BY 507           |   |

| 1. Entity ID Number  | 2. Exact name of the Limited Liability Company                                      |                      |                       |          |                      |  |  |
|--|---|----------------------|-----------------------|----------|----------------------|--|--|
| 000591491  | Carriage Realty, LLC  |                      |                       |          |                      |  |  |
| 3. NAICS Code  | 4. Brief description of the character of business conducted in Rhode Island         |                      |                       |          |                      |  |  |
| 531311   | To invest and manage real estate and to conduct or engage in any lawful business or |                      |                       |          |                      |  |  |
| 5. State of Formation  | purpose related thereto.  |                      |                       |          |                      |  |  |
| RI   |   |                      |                       |          |                      |  |  |
| 6. Principal Office Address  |   |                      | City                  | State    | Zip                  |  |  |
| 17 Carriage Drive  |   |                      | Lincoln               | RI       | 02865                |  |  |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |   |                      |                       |          |                      |  |  |
| Contact Name Marc A. Dupuis  |   |                      | Contact Title Manager |          |                      |  |  |
| Street Address 17 Carriage Drive   |   |                      | City Lincoln          | State RI | <sup>Zıp</sup> 02865 |  |  |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS   |   |                      |                       |          |                      |  |  |
| Manager Name Marc A. Dupuis  |   |                      | Manager Name          |          |                      |  |  |
| Street Address 17 Carriage Drive   |   |                      | Street Address        |          |                      |  |  |
| City Lincoln   | State RI  | <sup>Zip</sup> 02865 | City                  | State    | Zip                  |  |  |
| Manager Name   |   |                      | Manager Name          |          |                      |  |  |
| Street Address   |   |                      | Street Address        |          |                      |  |  |
| City   | State   | Zip                  | City                  | State    | Zip                  |  |  |
|  | Check the box to indicate an attachment   |                      |                       |          |                      |  |  |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. 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  |   |                      |                       | Date     | Date                 |  |  |
| Marc A. Dupuis 10-8-21   |   |                      |                       |          |                      |  |  |
| Signature of Authorized Person SIGN DOCUMENT HERE  |   |                      |                       |          |                      |  |  |
| May SIGN DOCUMENT HERE   |   |                      |                       |          |                      |  |  |
|  | V   |                      |                       |          |                      |  |  |

MAIL TO:

**Division of Business Services** 

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