RI SOS Filing Number: 202103451680 Date: 10/18/2021 4:00:00 PM

Annual Report for the year:  Limited Liability Company  Filing Fee: \$50.00  Penalty: Additional \$25.00 fee if form is not filed by December 1.  1. Entity ID Number	Profession (Control of Control of				F	ILED
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by December 1.  1. Entity ID Number (001678675) Plaza Gas LT.C  3. NAICS Code Plaza Gas LT.C  4. Brief description of the character of business conducted in Rhode Island Development of Real Estate  531110  5. State of Formation Rhode Island  6. Principal Office Address Plaza Gas LT.C  7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Name Kelly Coates  7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Title Authorized Trustee  Street Address 1414 Atwood Avenue City Johnston State Rt Tip 02918  8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  Manager Name Manager Name  Street Address  City State Zip City State Zip  Manager Name  Street Address  City State Zip City State Zip  Manager Name  Street Address  City State Zip City State Zip  Manager Name  Street Address  City State Zip City State Zip  Manager Name	Limited Liability Co	ompany			OCT	1 8 2021
1	→ Filing Fee: \$50.00			December 1.	BY	
5. State of Formation Rhode Island  6. Principal Office Address 1414 Atwood Avenue  7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Name Kelly Coates  Street Address 1414 Atwood Avenue  City Johnston  State RI  Zip 02919  7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Title Authorized Trustee  Street Address  1414 Atwood Avenue  Street Address  Manager Name  Street Address  Street Address  City State  Zip City  Manager Name  Street Address  Street Address  Street Address  Street Address  City State  Zip City  State  Zip State  Zip Zip  Manager Name  Street Address  City State  Zip State  Zip Zip  City State  Zip  State  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi	•	1		ed Liabil'ty Company	`	
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Manager Name Street Address   City State Zip City State Zip   Manager Name Manager Name Manager Name   Street Address Street Address   City State Zip       Street Address   Street Address  Street Ad	Street Address 1414 Atwood Avenue			City Johnston	State RI	<sup>Zip</sup> 02919
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Street Address  Street Address  City  State  Zip  City  State  Zip  City  State  Zip	City	State	Zip	City	State	Zip
City State Zip City State Zip	Manager Name		<u> </u>	Manager Name	l	1
	Street Address		•	Street Address		
Check the box to indicate an atta	City	State	Zip	City	State	Zip
						<del> </del>
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 64 Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules a	·					
	Name of Authorized Person				Cate	

MAIL TO:

Kelly Coates

**Division of Business Services** 

Signature of Authorized Ferso

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

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