RI SOS Filing Number: 202103634380 Date: 10/19/2021 4:00:00 PM

| State of Rhode Island and Providence Plantations Department of State - Business Services Division | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| | |
| Annual Report for the year: 2021 Limited Liability Company | 00 1 8 2021 |
| → Filing period. September 1 - November 1 → Filing Fee: \$50.00 → Penalty. Additional \$25.00 fee if form is not filed by December 1 | 13731 |

| 1 Entity ID Number | 2. Exact name of the Limited Liability Company | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------|----------------------|-----------|-------|--|--|
| 109511 | ANM Realty, LLC | | | | | | |
| 3 NAICS Code | | | | | | | |
| 3 NAICS Code 53/1/6 | 4 Brief description of the character of business conducted in Rhode Island | | | | | | |
| 53 Real Estate and Rental and | Ownership, acquisition, management, development of real estate and any other lawful purpose. | | | | | | |
| 5. State of Formation | | | | | | | |
| Rhode Island | | | | | | | |
| Principal Office Address | | | City | State | Z·ρ | | |
| 103 Cottage Street | | | Pawtucket | R.I. | 02860 | | |
| 7 Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | | |
| Contact Name JOHN MARTINS 2014 TRUST | | | Centact Title Member | | | | |
| Street Address 103 Cottage Street | | City Pawtucket | State R.I. | Z:p 02860 | | | |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | | | |
| Manager Name | | | Manager Name | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | C-ty | State | Zıv | | |
| Manager Name | | | f/lanager Name | | | | |
| Streel 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 fling 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 | | | | | | | |
| Jamie Turmel, Co-Executor | | | | | | | |
| Signature of Authorized Person SIGN DICCURS 11-187 | | | | | | | |

MAIL TO:

Division of Business Services

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

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