

State of Rhode Island

Department of State - Business Services Division

| RECEIVED | |
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| R.J. DEFT. OF STATE BUS SYCS DIV | STAPE |

Annual Report for the year: 2021 Limited Liability Company

2021 OCT 27 AM 9: 18 10

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

| Entity ID Number | I 4. LAGULII? | ame of the Limite | ed Liability Company | | | | |
|--|-------------------|--|---|----------------------|------------------------|--|--|
| 1060080 | | PONTIAC CRANSTON LLC | | | | | |
| 3. NAICS Code | 4 Brief de | Brief description of the character of business conducted in Rhode Island | | | | | |
| 531390 | | TO HOLD AND MANAGE REAL ESTATE | | | | | |
| 5. State of Formation | - 101101 | TO TOUR AND MININGE REAL ESTATE | | | | | |
| b. State of Formation RHODE ISLAND | | | | | | | |
| | | | · · · · · · · · · · · · · · · · · · · | | | | |
| 6. Principal Office Address | | | City | State | Zıp | | |
| 650 WASHINGTON HWY., SUITE 200 | | | LINCOLN | RI | 02865 | | |
| 7. Mailing Address of Limited | d Liability Compa | any and Name or | r Title of Contact Person | | | | |
| Contact Name JOSEPH RAHEB | | | Contact Title ATTORNEY | | | | |
| Street Address 650 WASHINGTON HWY., SUITE 200 | | | City LINCOLN | State RI | Zip 02865 | | |
| | es and addresse | s) of the Limited | Liability Company, IF APPLICA | BLE - DO NOT LIST | MEMBERS | | |
| Manager Name NONE | | Manager Name | Manager Name | | | | |
| Street Address | | Street Address | Street Address | | | | |
| City | State | Zip | City | State | Zip | | |
| Manager Name | | | Manager Name | Manager Name | | | |
| Street Address | | | Street Address | Street Address | | | |
| City | State | Zıp | City | State | Zip | | |
| · | | | <u> </u> | Check the box to | indicate an attachment | | |
| 3. The Resident Agent Inform | mation currently | of record with the | e RI Department of State is accu | urate Changes requir | e filing Form 642. | | |
| Under penalty of perjury, I statements, and that all st | | | examined this report, including true and correct. | ng any accompanyin | ng schedules and | | |
| Name of Authorized Person | | | | Date | 1 . | | |
| CRAIG T. BROWN | | | | vlo1 | 4\z | | |
| Signature of Authorized Pers | | | | - · | 1/2 / | | |
| | | | | | • | | |

MAIL TO:

Division of Business Services

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

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

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