

FILED

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.

| | STAMP |
|----------------------------|---------------------------------------|
| 00. 25 2021 54. A 30100 | FOR SECRETARY OF STATE USE ONLY |

| 1 Entity ID Number | I | 2. Exact name of the Limited Liability Company | | | | | |
|---|----------------------|---|--|--------------------|---|--|--|
| 144742 | | Performance Properties, LLC | | | | | |
| 3. NAICS Code | 4. Brief des | 4. Brief description of the character of business conducted in Rhode Island | | | | | |
| 531390 | Real Esta | Real Estate | | | | | |
| 5. State of Formation | Ì | | | | | | |
| RI | | | | | | | |
| 6. Principal Office Address | | | City | State | Zıp | | |
| 45 Manson Avenue | | | Warwick | RI | 02888 | | |
| 7 Mailing Address of Limite | ed Liability Compa | ny and Name o | | | | | |
| Contact Name Richard M. Hallam | | | Contact Title Member | | | | |
| Street Address 45 Manson Avenue | | | City Warwick | State RI | ^{7ip} 02888 | | |
| 8 List ALL managers (nam | nes and addresse | s) of the Limited | Liability Company, IF APPLICA | BLE - DO NOT LIST | MEMBERS | | |
| Manager Name | | | Manager Name | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zıp | City | State | Zip | | |
| Manager Name | | | Manager Name | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | State | Zıp | | |
| | I | | <u></u> | Check the box to | Indicate an attachment | | |
| 9 Resident Agent in Rhode | e Island. This infor | nation is currently | of record with the Department of Si | | | | |
| Under penalty of perjury, statements, and that all s | | | examined this report, includi true and correct. | ng any accompanyin | ng schedules and | | |
| Name of Authorized Person | n | | · · · · · · · · · · · · · · · · · · · | Date | 7/ | | |
| Richard M. Hallam | 1 | | | 1 | 0/4/21 | | |
| Signature of Authorized Pe | rsort | SIGI | N DOCUMENT HERE | | , | | |
| N X 1 | <u>{</u> | | | | | | |

MAIL TO:

Division of Business Services

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

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