

RILDERILOF STATE BUS SYCS DIV

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2021 NOV - 1 AM 8: 39

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.

1. Entity ID Number	Number 2. Exact name of the Limited Liability Company					
001678522	1173 Mineral Spring Avenue, LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
531110	To Hold Real Estate					
5. State of Formation	1					
Rhode Island	1					
6. Principal Office Address			City	State	Zıp	
6 Heritage Drive			Lincoln	RI	02865	
7. Mailing Address of Limited Lia	ability Compa	iny and Name o		•		
Contact Name Marie Issa			Contact Title Member	Contact Title Member		
Street Address 19 Heritage Drive			C:ty Lincoln	State RI	<sup>Z p</sup> 02865	
8. List ALL managers (names a	nd addresses	s) of the Limited	Liability Company, IF APPLIC	ABLE - <b>DO NOT LIST</b> I	MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address			
City	State	Zıp	City	S:ate	Zıp	
Manager Name			Manager Name			
Street Address			Street Address			
City	S:ate	Zip	City	State	Zio	
	•			Check the box to i	ndicate an attachment	
9. The Resident Agent informati	on currently o	of record with the	e RI Department of State is ac	curate. Changes requir	e filing Form 642.	
Under penalty of perjury, I dec statements, and that all states				ing any accompanyin	g schedules and	
Name of Authorized Person				Date	t	
Marie Issa				9/30	75021	
Signature of Authorized Person	are X	en				

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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