RI SOS Filing Number: 202104849440 Date: 11/8/2021 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

¬ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

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

R.I. DEPT OF STATE STAMP SUS SYCS DIV 2021 NOV - 9	
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3. NAICS Code 4. (eal Estate Holding Comp y Company and Name or Title	City Providence e of Contact Person Contact Title Member	n Rhode Island State RI	Zip 02906			
5. State of Formation Rhode Island 6. Principal Office Address 116 Wayland Avenue 7. Mailing Address of Limited Liability Contact Name Barbara M. Bilder, D	eal Estate Holding Comp y Company and Name or Title	City Providence e of Contact Person Contact Title Member	State	· '			
5. State of Formation Rhode Island 6. Principal Office Address 116 Wayland Avenue 7. Mailing Address of Limited Liability Contact Name Barbara M. Bilder, D.	y Company and Name or Titl D.M.D	City Providence e of Contact Person Contact Title Member		· '			
Rhode Island 6. Principal Office Address 116 Wayland Avenue 7. Mailing Address of Limited Liability Contact Name Barbara M. Bilder, D.	D.M.D	e of Contact Person Contact Title Member		· '			
6. Principal Office Address 116 Wayland Avenue 7. Mailing Address of Limited Liability Contact Name Barbara M. Bilder, C	D.M.D	e of Contact Person Contact Title Member		· '			
116 Wayland Avenue 7. Mailing Address of Limited Liability Contact Name Barbara M. Bilder, C	D.M.D	e of Contact Person Contact Title Member		· '			
7. Mailing Address of Limited Liability Contact Name Barbara M. Bilder, D.	D.M.D	e of Contact Person Contact Title Member	RI	02906			
Contact Name Barbara M. Bilder, I	D.M.D	Contact Title Member	·-				
		. 					
Street Address 446 Mouland Avenue	ue	C'A		Contact Title Member			
1 16 Wayland Aven		City Providence	State RI	^{Zip} 02906			
8. List ALL managers (names and ad	ddresses) of the Limited Liab		ILE - DO NOT LIST	MEMBERS			
Manager Name NONE		Manager Name NONE					
Street Address		Street Address					
City Sta	ate Zip	City	State	Zip			
Manager Name NONE		Manager Name NONE					
Street Address		Street Address					
City Sta	ate Zip	City	State	Zip			
	<u></u>	<u>.</u>	Check the box to	indicate an attachment			
9. Resident Agent in Rhode Island. T	his information is currently of re	cord with the Department of Sta	te. Changes require filir	ng Form 642.			
Under penalty of perjury, I declare statements, and that all statement	and affirm that I have example contained herein are true	mined this report, including e and correct.	g any accompanyin	ig schedules and			
Name of Authorized Person			Date	Date			
Barbara M. Bilder, D.M.D, Mem	ber						
Signature of Authorized Person	Balkave	CUME MERE	dei				

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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