



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$50.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

*Filing Period: September 1 - November 1*

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2022

**1. ID No.** 001659355

**2. Exact Name of the Limited Liability Company** LIMA ONE CAPITAL, LLC

**3. State of Formation**

State: GA

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

522292

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

WE PROVIDE FINANCING TO RESIDENTIAL REAL ESTATE INVESTORS (EITHER INDIVIDUALS OR LLC'S) TO PURCHASE AND REHAB SINGLE FAMILY PROPERTIES. AFTER REHAB IS COMPLETED, AN INVESTOR, TYPICALLY, WILL EITHER SELL THE PROPERTY OR HOLD ON TO IT AS A RENTAL. WE FINANCE HOUSE FLIPPERS. OUR LOANS ARE STRICTLY FOR INVESTMENT/BUSINESS PURPOSES. THE PROPERTIES ARE NEVER OCCUPIED BY OUR BORROWERS. IN MOST STATES, THESE TYPES OF LOANS ARE CONSIDERED COMMERCIAL, NOT CONSUMER, AND WE ARE EXEMPTED FROM LICENSING REQUIREMENTS.

**5. Principal Office Address**

No. and Street: 201 E MCBEE AVENUE, SUITE 300

City or Town: GREENVILLE

State: SC Zip: 29601 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: Contact Title:

No. and Street: 201 E MCBEE AVENUE, SUITE 300

City or Town: GREENVILLE

State: SC Zip: 29601 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.**

**DO NOT LIST MEMBERS**

| Title | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|-------|------------------------------------------------|------------------------------------------------------------|
|-------|------------------------------------------------|------------------------------------------------------------|

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

NORTHWEST REGISTERED AGENT, LLC 47 WOOD AVE. STE 2 BARRINGTON , RI 02806

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 9 Day of November, 2021 at 1:23:46 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By JOSH WOODWARD  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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