RI SOS Filing Number: 202104914850 Date: 11/8/2021 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

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

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| NOV 0 8 2021 | 02 |
| 9123 | |

| 1. Entity ID Number | 1 | 2. Exact name of the Limited Liability Company | | | | | |
|---|---------------------------------------|--|---------------------------------|---------------------------------------|------------------------------|--|--|
| 136030 | livory i | Ivory Halo Realty, LLC | | | | | |
| 3. NAICS Code | i i | Brief description of the character of business conducted in Rhode Island | | | | | |
| 531311 | Own and so | ell Real Estate | | | | | |
| 5. State of Formation | | | | • | | | |
| Rhode Island | | | | | | | |
| 6. Principal Office Address | <u> </u> | | City | State | Zip | | |
| 2049 Flat River Road | | | Coventry | RI | 02816 | | |
| 7. Mailing Address of Limited | Liability Compar | ny and Name or Til | tle of Contact Person | | | | |
| Contact Name David Schwartz | | | Contact Title Operating Manager | | | | |
| Street Address 2049 Flat River Road | | | City Coventry | State RI | ^{Žrp} 0281 6 | | |
| 8. List ALL managers (names | and addresses |) of the Limited Lia | bility Company, IF APPLICA | ABLE - DO NOT LIST | MEMBERS | | |
| Manager Name David Schwartz | | | Manager Name | | | | |
| Street Address 2049 Flat River Road | | | Street Address | | | | |
| City Coventry | State RI | ^{Zip} 02816 | City | State | Ζιρ | | |
| Manager Name | | | Manager Name | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | State | Zip | | |
| | Check the box to indicate an attachme | | | | | | |
| 9. Resident Agent in Rhode Is | sland. This inform | ation is currently of re | ecord with the Department of S | tate. Changes require fil | ing Form 642. | | |
| Under penalty of perjury, I o statements, and that all sta | | | | ing any accompanyi | ng schedules and | | |
| Name of Authorized Person David Schwartz | ril Se | Micro | | Date 10 - 5 | 19-21 | | |
| Signature of Authorized Perso | | Ment | | | | | |
| 97000 | | | | · · · · · · · · · · · · · · · · · · · | | | |

MAIL TO:

Division of Business Services

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

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