| State of Rhode Island  Department of State - Business Services | Division                                                       |
|----------------------------------------------------------------|----------------------------------------------------------------|
|                                                                |                                                                |
|                                                                | State of Rhode Island  Department of State - Business Services |

## 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 139439                            |                     | 2. Exact name of the Limited Liability Company Frank Simonelli Homes, LLC              |                             |                       |                       |  |
|-------------------------------------------------------|---------------------|----------------------------------------------------------------------------------------|-----------------------------|-----------------------|-----------------------|--|
| 3. NAICS Code<br>531390                               | · ·                 | Brief description of the character of business conducted in Rhode Island  Real Estate. |                             |                       |                       |  |
| 5. State of Formation<br>Rhode Island                 |                     |                                                                                        |                             |                       |                       |  |
| Principal Office Address     Appian Way               |                     |                                                                                        | City<br>Smithfield          | State<br>RI           | Zip<br>02917          |  |
| 7. Mailing Address of Limite                          | ed Liability Compan | y and Name or Tit                                                                      | le of Contact Person        |                       | •                     |  |
| Contact Name Frank Simonelli                          |                     |                                                                                        | Contact Title Manager       |                       |                       |  |
| Street Address 10B Appian Way                         |                     |                                                                                        | City Smithfield             | State RI              | <sup>Zip</sup> 02917  |  |
|                                                       |                     | of the Limited Lia                                                                     | bility Company, IF APPLICA  | BLE - DO NOT LIST I   | MEMBERS               |  |
| Manager Name Frank Simonelli                          |                     |                                                                                        | Manager Name                |                       |                       |  |
| Street Address 10B Appian Way                         |                     | Street Address                                                                         |                             |                       |                       |  |
| <sup>City</sup> Smithfield                            | State RI            | <sup>Zip</sup> 02917                                                                   | City                        | State                 | Zıp                   |  |
| Manager Name                                          |                     |                                                                                        | Manager Name                |                       |                       |  |
| Street Address                                        |                     |                                                                                        | Street Address              |                       |                       |  |
| City                                                  | State               | Zip                                                                                    | City                        | State                 | Zıp                   |  |
|                                                       | <del></del>         | <b>I</b>                                                                               | <u></u>                     | Check the box to i    | ndicate an attachment |  |
| 9. The Resident Agent infor                           | mation currently of | record with the Ri                                                                     | Department of State is accu | urate. Changes requir | e fiiing Form 642.    |  |
| Under penalty of perjury, statements, and that all st |                     |                                                                                        | mined this report, includir | ng any accompanyin    | g schedules and       |  |
| Name of Authorized Person Frank Simonelli, Manager    |                     |                                                                                        |                             | Date 17 -             | 27-21                 |  |
| Signature of Authorized Per                           | on AAII             | il, lin                                                                                |                             |                       |                       |  |

MAIL TO:

**Division of Business Services** 

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

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