



State of Rhode Island

## 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.

FILING STAMP

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BY

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|                                                                                                                                                                                                             |             |                                                                                            |                                 |                  |              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------|---------------------------------|------------------|--------------|
| 1. Entity ID Number<br><b>110358</b>                                                                                                                                                                        |             | 2. Exact name of the Limited Liability Company<br><b>Interchange Realty, LLC</b>           |                                 |                  |              |
| 3. NAICS Code<br>531390                                                                                                                                                                                     |             | 4. Brief description of the character of business conducted in Rhode Island<br>Real estate |                                 |                  |              |
| 5. State of Formation<br>Rhode Island                                                                                                                                                                       |             |                                                                                            |                                 |                  |              |
| 6. Principal Office Address<br>400 Lincoln Avenue                                                                                                                                                           |             |                                                                                            | City<br>Warwick                 | State<br>RI      | Zip<br>02888 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |             |                                                                                            |                                 |                  |              |
| Contact Name<br>Stephen A. Cardi                                                                                                                                                                            |             |                                                                                            | Contact Title<br>Contact person |                  |              |
| Street Address<br>400 Lincoln Avenue                                                                                                                                                                        |             |                                                                                            | City<br>Warwick                 | State<br>RI      | Zip<br>02888 |
| 8. List <b>ALL</b> managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - <b>DO NOT LIST MEMBERS</b>                                                                              |             |                                                                                            |                                 |                  |              |
| Manager Name<br>Interchange Realty Corp.                                                                                                                                                                    |             |                                                                                            | Manager Name                    |                  |              |
| Street Address<br>400 Lincoln Avenue                                                                                                                                                                        |             |                                                                                            | Street Address                  |                  |              |
| City<br>Warwick                                                                                                                                                                                             | State<br>RI | Zip<br>02888                                                                               | City                            | State            | Zip          |
| Manager Name                                                                                                                                                                                                |             |                                                                                            | Manager Name                    |                  |              |
| Street Address                                                                                                                                                                                              |             |                                                                                            | Street Address                  |                  |              |
| City                                                                                                                                                                                                        | State       | Zip                                                                                        | City                            | State            | Zip          |
| Check the box to indicate an attachment <input type="checkbox"/>                                                                                                                                            |             |                                                                                            |                                 |                  |              |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                         |             |                                                                                            |                                 |                  |              |
| <b>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</b> |             |                                                                                            |                                 |                  |              |
| Name of Authorized Person<br>Stephen A. Cardi                                                                                                                                                               |             |                                                                                            |                                 | Date<br>11/19/21 |              |
| Signature of Authorized Person<br><i>Stephen A. Cardi</i>                                                                                                                                                   |             |                                                                                            |                                 |                  |              |

## MAIL TO:

## Division of Business Services

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