



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.

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------|---------------------|
| 1. Entity ID Number<br><b>793128</b>                                                                                                                                                                        |                 | 2. Exact name of the Limited Liability Company<br><b>Ferreira Properties, LLC</b>                                |                              |                          |                     |
| 3. NAICS Code<br><b>531311</b>                                                                                                                                                                              |                 | 4. Brief description of the character of business conducted in Rhode Island<br><b>Management of real estate.</b> |                              |                          |                     |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                          |                 |                                                                                                                  |                              |                          |                     |
| 6. Principal Office Address<br><b>162 James Street</b>                                                                                                                                                      |                 | City<br><b>East Providence</b>                                                                                   |                              | State<br><b>RI</b>       | Zip<br><b>02914</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |                 |                                                                                                                  |                              |                          |                     |
| Contact Name <b>Manuel Ferreira</b>                                                                                                                                                                         |                 |                                                                                                                  | Contact Title <b>Manager</b> |                          |                     |
| Street Address <b>162 James Street</b>                                                                                                                                                                      |                 | City <b>East Providence</b>                                                                                      |                              | State <b>RI</b>          | Zip <b>02914</b>    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |                 |                                                                                                                  |                              |                          |                     |
| Manager Name <b>Manuel Ferreira</b>                                                                                                                                                                         |                 |                                                                                                                  | Manager Name                 |                          |                     |
| Street Address <b>162 James Street</b>                                                                                                                                                                      |                 |                                                                                                                  | Street Address               |                          |                     |
| City <b>East Providence</b>                                                                                                                                                                                 | State <b>RI</b> | Zip <b>0291</b>                                                                                                  | 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.                                                                         |                 |                                                                                                                  |                              |                          |                     |
| <i>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.</i> |                 |                                                                                                                  |                              |                          |                     |
| Name of Authorized Person<br><b>Manuel Ferreira</b>                                                                                                                                                         |                 |                                                                                                                  |                              | Date<br><b>11-3-2021</b> |                     |
| Signature of Authorized Person<br><i>Manuel Ferreira</i>                                                                                                                                                    |                 |                                                                                                                  |                              |                          |                     |

## MAIL TO:

Division of Business Services

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

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