

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **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	2. Exact name of the Limited Liability Company						
0017/1431	Affordable Family Housing LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
531110	Rental and Flipping homes						
5. State of Formation							
$R\underline{T}$							
6. Principal Office Address				State	Zip		
2 Wersco++ Lane		Worth Provider	ree Ni	08904			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name William Paysons Jr.		Contact Title Owner					
Street Address			North Providence	State	21p		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name Manager Name		Manager Name					
Street Address		Street Address					
City	State	Zip	City	State	Zip		
Manager Name			Manager Name				
Street Address		Street Address					
City	State	Zip	City	State	Zip		
	 -		Che	eck the box to ind	icate an attachment		
9. The Resident Agent information	on currently of re	cord with the RL	Department of State is accurate. C				
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.							
Name of Authorized Person Date							
William Parsons Jr			11/17/21				
Signature of Authorized Person							
Willia James 1.							

MAIL TO:

Division of Business Services

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

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

FORM 632 - Revised: 03/2020