

State of Rhode Island

## **Department of State - Business Services Division**

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

2021 NOV 30 P 4: 24

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

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

		<del>-</del>			
1. Entity ID Number 2. Exact name of the Limited Liability Company DO 170 9630 Rising Phoenix INVESTMENTS W.C.					
3. NAICS Code  4. Brief description of the character of business conducted in Rhode Island  Nestments - Real Estate, merchan.					
5. State of Formation Rhade Island					
6. Principal Office Address			City	State	Zip
Due Richmond		Ste 125B	Prondence	RI	02906.
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Report Streethandress Streethandress					
1.0.60 × 1086			Pawh ulef	State M	D2862
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zíp
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 currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
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  Module Offedunin Date  11/30/29.					
Signature of Authorized Person					
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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

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ByCn 39/04

FORM 632 - Revised: 08/2020