



State of Rhode Island

Department of State - Business Services Division

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2021 DEC -1 P 3:45

**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<br><b>1686682</b>                                                                                                                                                                       |       | 2. Exact name of the Limited Liability Company<br><b>Mendes Properties, LLC</b>            |                          |                  |              |
| 3. NAICS Code<br>531120                                                                                                                                                                                     |       | 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>138 Taunton Avenue                                                                                                                                                           |       |                                                                                            | City<br>East Providence  | State<br>RI      | Zip<br>02914 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                            |                          |                  |              |
| Contact Name<br>JOSE I. MENDES                                                                                                                                                                              |       |                                                                                            | Contact Title<br>MANAGER |                  |              |
| Street Address<br>118 Lauren Drive                                                                                                                                                                          |       |                                                                                            | City<br>Seekonk          | State<br>MA      | Zip<br>02771 |
| 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            | 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>JOSE I. MENDES, Manager                                                                                                                                                        |       |                                                                                            |                          | Date<br>11-20-21 |              |
| Signature of Authorized Person<br>                                                                                                                                                                          |       |                                                                                            |                          |                  |              |

**MAIL TO:**

Division of Business Services

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BY CR CL# 7546