RI SOS Filing Number: 202105679190 Date: 12/2/2021 4:00:00 PM

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State of Rhode Isl	^{and} of State - Bus	iness Servi	ces Division	_		
				File	F	
Annual Report for t	he year: 202	1	DEC 0 2 2021			
imited Liability Co	mpany					
→ Filing period: Septer → Filing Fee: \$50.00	nber 1 - Novemb	er 1		BY_5[[)	
→ Penalty: Additional \$:	25.00 fee if form i	s not filed by De	cember 1.	_	DS _	
1. Entity ID Number	2. Exact na	2. Exact name of the Limited Liability Company				
149534	Founde	Founders Realty, LLC				
3. NAICS Code	4. Brief des	4. Brief description of the character of business conducted in Rhode Island				
531390	Own, ope	Own, operate and manage real estate.				
5. State of Formation		7				
Rhode Island		•				
6. Principal Office Address	1		City	State	Zip	
7 Pine Tree Lane			Lincoln	RI	02865	
7. Mailing Address of Limit	ed Liability Compa	ny and Name or				
Contact Name Gary G. Gosselin			Contact Title Member			
Street Address 7 Pine Tree Lane			City Lincoln	State RI	^{Zip} 02865	
8. List ALL managers (nar	nes and addresses	s) of the Limited	Liability Company, IF APPLIC	ABLE - 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 attac		indicate an attachment	
9. The Resident Agent info	ormation currently	of record with the	RI Department of State is ac	curate. Changes requi	re filing Form 642.	
Under penalty of perjury	, I declare and afi	irm that I have	examined this report, includ			
statements, and that all statements contained herein are true and correct. Name of Authorized Person				Date		
Gary G. Gosselin, Men					Y/01	

MAIL TO:

Division of Business Services

Signature of Authorized Person

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

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