State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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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	2. Exact name of the Limited Liability Company
144181	**Dream Dealer, LLC**
3. NAICS Code **531110**	4. Brief description of the character of business conducted in Rhode Island **Realty holding.**
5. State of Formation **RI**	

6. Principal Office Address	City	State	Zip
1825 Middle Road	**East Greenwich**	**RI**	**02818**

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name	Contact Title		
Thomas Ricci	**Member**		
Street Address **1825 Middle Road**	City **East Greenwich**	State **RI**	Zip **02818**

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 ☐

9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. 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	Date
THOMAS P. RICCI	11/1/2021
Signature of Authorized Person Thomas P. Ricci SIGN DOCUMENT HERE	

MAIL TO:
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