RI SOS Filing Number: 202107474090 Date: 12/29/2021 14:26:00 AM



State of Rhode Island

## Department of State - Business Services Division

RECEIVED R.I. DEPT. OF STATE 2021 DEC 29 A 11: 25

Annual Report for the year: 2022

**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.

|   |   | 2. Exact name of the Limited Liability Company   |  |   |  |
|---|---|--|--|---|--|
| Salem 3 Trail, LLC  |   |  |  |   |  |
| Brief description of the character of business conducted in Rhode Island  |   |  |  |   |  |
| Real Estate   |   |  |  |   |  |
| 1   |   |  |  |   |  |
|   |   |  |  |   |  |
|   |   | City   | State  | Zip   |  |
| 35 Hurdle Fence Drive   |   |  | СТ   | 06001   |  |
| ability Compa   | ny and Name or  |  |  |   |  |
| Contact Name Neil Dibiccari   |   |  | Contact Title Member   |   |  |
| Street Address 35 Hurdle Fence Drive  |   |  | State CT   | <sup>Zip</sup> 06001  |  |
| 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   |  |   |  |
| State   | Zip   | City   | State  | Zıp   |  |
| Manager Name  |   |  | Manager Name   |   |  |
| Street Address  |   |  | Street Address   |   |  |
| State   | Zip   | City   | State  | Zip   |  |
| <u> </u>  |   | · <u> </u>   | Check the box to in  | ndicate an attachment   |  |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. |   |  |  |   |  |
|   |   |  | ding any accompanying  | schedules and   |  |
| Name of Authorized Person   |   |  | Date   |   |  |
| Ne: 1 D: b:ccor:  |   |  |  | (202)   |  |
| 2   |   |  |  |   |  |
|   | 4. Brief des Real Esta ability Compa de Drive and addresses State  State  State | 4. Brief description of the c Real Estate  ability Company and Name or  be Drive and addresses) of the Limited  State Zip  State Zip  State Zip  on currently of record with the lare and affirm that I have events contained herein are | 4. Brief description of the character of business conduct Real Estate  City Avon  Solity Company and Name or Title of Contact Person Contact Title Member City Avon  Indiaddresses) of the Limited Liability Company, IF APPLIC Manager Name Street Address State Zip City Manager Name Street Address State Address State Zip City  Indiaddresses Zip City  Indiaddresses Zip City  Indiaddress Zip City  Indiaddress Zip Zip City  Indiaddress Zip | A. Brief description of the character of business conducted in Rhode Island Real Estate    City |  |

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 DEC 2 9 2021

BY\_CM 7K!

FORM 632 - Revised: 08/2020