	State of Rhode Island Fee: \$50.00
HOPE	Office of the Secretary of State Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040
Limited Liabilit Annual Report Filing Period: Febru In accordance with	
to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00.	
ANNUAL REPOR	T YEAR: <u>2022</u>
1. ID No. <u>000</u>	0302704
2. Exact Name of the Limited Liability Company <u>PORTSMOUTH PROPERTIES, LLC</u>	
3. State of Form	ation
State: <u>RI</u>	
	ARTICLE III
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.	
<u>531110</u>	
4. Brief Descripti	on of the Character of the Business Which is Actually Conducted in Rhode Island
RENTAL PROP	ERTY
5. Principal Offic	e Address
No. and Street: City or Town:	118 GOSSETS TURN DRIVEMIDDLETOWNState: RIZip:02842Country:USA
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:	
Contact Name: No. and Street: City or Town:	<u>CHAD KRITZAS</u> Contact Title: <u>PRESIDENT</u> <u>118 GOSSETS TURN DRIVE</u> <u>MIDDLETOWN</u> State: <u>RI</u> Zip: <u>02842</u> Country: <u>USA</u>
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11	
CRAIG S. SAM	PSON, ESQ. 55 MEMORIAL BOULEVARD, SUITE 8 NEWPORT , RI 02840
8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).	

Signed this 11 Day of July, 2022 at 3:05:38 PM by the authorized person. This electronic

signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By CHAD KRITZAS

Signature of Authorized Person

Form No. 632 Revised 09/07

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