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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2023

Filling Period: September 1 - November 1 - This report must be typed or printed legibly.

Filling Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 486723		2. Exact name of the limited liability company Doc Properties, LLC				
3. State of Formation Rhode Island	l l	4. Brief description of the character of business conducted in Rhode Island Property Management				
5. Principal office address 667 Academy Avenue			City Providence	State RI	Zip 02904	
6. MAILING ADDRESS C	F LIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT P	PERSON:	The transfer of the second of	
Contact Name Dennis J. Lanni			Contact Title Member			
Street Address 667 Academy Avenue			City Providence	State RI	Zip 02904	
7. LIST <u>ALL</u> MANAGER	S (NAMES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPANY, II	FAPPLICABLE - 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			
Street Address						
	State	Zip	City	State	Zip	
Street Address City 8. RESIDENT AGENT IN		Zip	City	State	Zip	

FEB 02 2023 BY 5000

File Date
Check No
Ву:
FOR SECRETARY OF STATE USE ONLY

Form No. 632 Revised: 01/2012 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.

Signature of Authorized Person

25-23 Date

Dennis J. Lanni

Print or Type Name of Authorized Person