RI SOS Filing Number: 202329099860 Date: 2/21/2023 4:00:00 PM

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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: $\frac{2023}{}$ **Limited Liability Company**

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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医肾盂试验

						
Entity ID Number	2. Exact name of the Limited	2. Exact name of the Limited Liability Company				
1668109	Vector Property Management, LLC					
3. NAICS Code	4. Brief description of the ch	Brief description of the character of business conducted in Rhode Island				
531311	Real Estate					
5. State of Formation						
Rhode Island						
6. Principal Office Address		City	State	Zip		
17 Marion Street	East Greenwich		RI	02818		
	d Liability Company and Name or	Title of Contact Person				
Contact Name Sophia G. O'D	onnell	Contact Title Operating Manager				
Street Address 17 Marion Street		City East Greenwich	State RI	^{Zip} 02818		
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.						
Under penalty of perjury, statements, and that all st	declare and affirm that I have e. atements contained herein are t	xamined this report, including rue and correct.	any accompanying	g schedules and		
Name of Authorized Person		Date				
Sophia G. O'Donnell		2/12/23				
Signature of Authorized Person						

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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