

Annual Report for the year: 2021 **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.



2023 AUG 29 P 2: 15

| 1. Entity ID Number                                       | 2. Exact name of the Limited Liability Company  |  |                      |                     |  |
|---|---|--|----------------------|---------------------|--|
| 001006381   | Interland Holdings RI, LLC  |  |                      |                     |  |
| 3. NAICS Code   | 4. Brief description of the character of business conducted in Rhode Island REAL ESTATE ACQUISITION, REFURBISHMENT AND MANAGEMENT |  |                      |                     |  |
| 531311  |   |  |                      |                     |  |
| 5. State of Formation                                     |   |  |                      |                     |  |
| RI  |   |  |                      |                     |  |
| 6. Principal Office Address                               |   | City   | State                | Zip                 |  |
| 323 Main St. FI 2   |   | Chatham  | NJ                   | 07928               |  |
| 7. Mailing Address of Limited                             | Liability Company and Name  | or Title of Contact Person                             |                      |                     |  |
| Contact Name Mary Jo Niziolek                             |   | Contact Title Comptroller                              |                      |                     |  |
| Street Address same as above                              |   | City   | State                | Zip                 |  |
| 8. The Resident Agent inform                              | ation currently of record with t  | he RI Department of State is ac                        | curate. Changes requ | ire filing Form 642 |  |
| 9. Under penalty of perjury, statements, and that all sta | I declare and affirm that I hat tements contained herein ar   | ave examined this report, incli<br>e true and correct. | uding any accompar   | nying schedules and |  |
| Name of Authorized Person                                 |   |  | Date                 | Date                |  |
| Mary Jo Niziolek  |   |  | 8/28/23              |                     |  |
| Signature of Authorized Personal Mary Jo Nizie            |   |  |                      |                     |  |

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

AUG 29 2023