Det

State of Rhode Island

Department of State - Business Services Division

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and

Annual Report for the year(**Limited Liability Company**

Name of Authorized Person

Signature of Authorized Person

statements, and that all statements contained herein are true and correct.

→ Filing period: February : → Filing Fee: \$50.00 → Penalty: Additional \$25.0	May 31.				
1. Entity ID Number	2. Exact name of the Limi	$\sim 10^{-3}$			
000614159	Stp Prope	ution 110			
3 NAICS Code 53 O		character of business conducted in R	thode Island		
5. State of Formation	Real Estate			,	
RI					
6. Principal Office Address 12 Sophia Lake		Greenviller	State R_T	2ip 02878	
7. Mailing Address of Limited L	iability Company and Name	or Title of Contact Person			
Contact Name Steven Minoris:		Contact Title Mmsn			
Street Address 12 Suphia Lanc		City guer v.114	State	202828	
8. The Resident Agent informat	ion currently of record with the	he RI Department of State is accurate	. Changes require	e fiting Form 642.	