

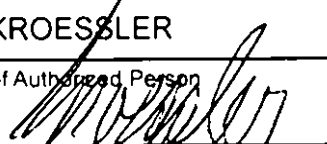


State of Rhode Island  
Department of State - Business Services Division

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Annual Report for the year: 2018  
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.

|   |  |  |                           |                     |
|---|--|--|---------------------------|---------------------|
| 1 Entity ID Number<br><b>000388143</b>  |  | 2 Exact name of the Limited Liability Company<br><b>THREE ANGELS, LLC</b>                                |                           |                     |
| 3 NAICS Code<br><b>531390</b>   |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>RENTAL REAL ESTATE</b> |                           |                     |
| 5 State of Formation<br><b>RHODE ISLAND</b>   |  |  |                           |                     |
| 6. Principal Office Address<br><b>511 ELMGROVE AVENUE</b>   |  | City<br><b>PROVIDENCE</b>  | State<br><b>RI</b>        | Zip<br><b>02906</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |  |                           |                     |
| Contact Name<br><b>DAVID KROESSLER</b>  |  | Contact Title<br><b>MEMBER</b>   |                           |                     |
| Street Address<br><b>511 ELMGROVE AVENUE</b>  |  | City<br><b>PROVIDENCE</b>  | State<br><b>RI</b>        | Zip<br><b>02906</b> |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642  |  |  |                           |                     |
| 9 <i>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.</i> |  |  |                           |                     |
| Name of Authorized Person<br><b>DAVID KROESSLER</b>   |  |  | Date<br><b>01/11/2024</b> |                     |
| Signature of Authorized Person<br><b>X</b>   |  |  |                           |                     |

FILED

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11:27 BY ML QKWSJ

MAIL TO:  
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