

State of Rhode Island **Department of State - Business Services Division**

2 Exact name of the Limited Liability Company

4. Brief description of the character of business conducted in

8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642 9 Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and

PROVIDENCE

MEMBER

PROVIDENCE

Contact Title

THREE ANGELS, LLC

RENTAL REAL ESTATE

7 Mailing Address of Limited Liability Company and Name or Title of Contact Person

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

2015 Annual Report for the year: **Limited Liability Company**

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

1. Entity ID Number 000388143

5 State of Formation RHODE ISLAND

6. Principal Office Address

511 ELMGROVE AVENUE

DAVID KROESSLER

511 ELMGROVE AVENUE

3. NAICS Code 531390

Contact Name

Street Address

DAVID K

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

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Rhode Island		•			
	State		Zıp		
	RI		02906		

^{Zip} 02906

OESSLER

Name of Authørized Person

State

Date

RI

01/11/2024

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MAIL TO:

Division of Business Services

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

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