

State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 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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1. Entity ID Number	2. Exact name of the Limited Liability Company					
001761505	90 Days Prop	erties LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
236(18	Rad petalo	Remobeling.	,			
5. State of Formation	I well cotate	INC MODE CITY				
KJ	·	<u> </u>		<u> </u>		
6. Principal Office Address		City	State	Zip		
41 Highland A	fue	N. Prov	KI	0841/		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Samvel Nouel		Contact Title OWMEN				
Street Address 41 Highland Avenue		NoAh Providence		21p 07911		
8. The Resident Agent Information currently of record with the Rt 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 statements, and that all statements contained herein are true and correct.						
Name of Authorized Person	Nouel		Date 9/16	125		
Signature of Authorized Person						

FILED

MAIL TO:

Division of Business Services

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

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