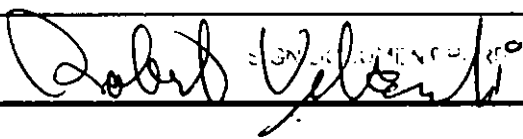




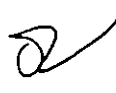
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

| | | | | | |
|---|-----------------|---|-------------------------------------|-------------------------------|-----|
| 1. Entity ID Number <u>2946006</u> | | 2. Exact name of the Limited Liability Company Referral Associates of Rhode Island, LLC | | | |
| 3. NAICS Code <u>53110</u> | | 4. Brief description of the character of business conducted in Rhode Island <u>Real estate referral Business</u> | | | |
| 5. State of Formation rhode Island | | | | | |
| 6. Principal Office Address 7 Beaco Hill Rd | | City newport | State RI | Zip 02840 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name <u>Robert Velardi</u> | | | Contact Title <u>Manager/Broker</u> | | |
| Street Address <u>same as #6</u> | | City | State | Zip | |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name <u>Robert Velardi</u> | | | Manager Name | | |
| Street Address <u>7 Beacon Hill Rd.</u> | | | Street Address | | |
| City <u>Newport</u> | State <u>RI</u> | Zip <u>02840</u> | City | State | Zip |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. | | | | | |
| 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 <u>Robert Velardi</u> | | | | Date <u>August 11 2018</u> | |
| Signature of Authorized Person  | | | | | |

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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