RI SOS Filing Number: 201926838180 Date: 10/31/2019 4:00:00 PM

| State of Rhode Isla Department of | nd and Providenc | æ Plantations siness Servic | RECEI RESEARCHAIN CORPORAL RESEARCHAIN CORPORAL | IVED Y OF STATE | | |
|---|--|--|--|----------------------|--------------|--|
| Annual Report for th Limited Liability Con → Filing period: Septem → Filing Fee: \$50.00 | ne year: 20° npany lber 1 - Novemb | 19 er 1 | 2019 OCT 3 I | TIONS DIV AM II: 58 | CORPORATIO | |
| → Penalty: Additional \$2: 1. Entity ID Number 1659416 | · | me of the Limited | Liability Company | | AH 10 03 | |
| 3. NAICS Code 531312 5. State of Formation Rhode Island | | Brief description of the character of business conducted in Rhode Island Property Management | | | | |
| 6. Principal Office Address 620 Main Street | | | City East Greenwich | State RI | Zip 02818 | |
| 7. Mailing Address of Limited Contact Name Peter Roslello | Liability Compan | iy and Name or Ti | tile of Contact Person Contact Title Member | | | |
| Street Address PO Box 69 | | | City West Warwick | State RI | Zip 02893 | |
| Manager Name Peter Rosiello | s and addresses) | of the Limited Lia | Bbility Company, IF APPLICABL | E - DO NOT LIST I | MEMBERS | |
| Street Address PO Box 69 | | | Street Address | | | |
| Cily West Warwick | State RI | ^{2ip} 02893 | Cily | State | Zip | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| | declare and affire | m that I have exa | ecord with the Department of State. amined this report, including and correct | Changes require film | | |
| Name of Authorized Person Peter Rosiello, Manager | | | | Date 7 | 3)19 | |
| Signature of Authorized Person | on | | 100 | ŧ | 1 | |

MAIL TO:

Division of Business Services

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

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

FILED OCT 31 2019 BY 29200

FORM 632 - Revised: 10/2017