

LIMITED LIABILITY COMPANY ANNUAL REPORT

NAME OF LIMITED LIABILITY COMPANY:	Providence Manag	gement & Investm	ents, LLC	
SECRETARY OF STATE ID NUMBER: 1112516 STATE		OF FORMATION: NC		Filing Office Use Only E - Filed Annual Report 1112516
REPORT FOR THE CALENDAR YEAR: 202	24			CA202408001052 3/20/2024 09:15
SECTION A: REGISTERED AGENT'S INFORM			Changes	
1. NAME OF REGISTERED AGENT: Ste	ewart, Frank A.			
2. SIGNATURE OF THE NEW REGISTERI	ED AGENT:			
	SIG	NATURE CONSTITUTES CO	NSENT TO THE APPO	INTMENT
3. REGISTERED AGENT OFFICE STREET	4. REGISTERED AGENT OFFICE MAILING ADDRESS			
915 N New Hope Rd. Ste E		915 N New Hope Rd. Ste E		
Gastonia, NC 28054-3390 Gaston County		Gastonia, NC 28054-3390		
SECTION B: PRINCIPAL OFFICE INFORMATION	<u>on</u>			
1. DESCRIPTION OF NATURE OF BUSIN	ESS: Property Mar	nagement		
2. PRINCIPAL OFFICE PHONE NUMBER	3. PRINCIPAL OFFICE EMAIL: Privacy Redaction			
4. PRINCIPAL OFFICE STREET ADDRESS		5. PRINCIPAL OFFICE MAILING ADDRESS		
915 N New Hope Rd Ste E		915 N New Hope Rd Ste E		
Gastonia, NC 28054-3390		Gastonia, NC 28054-3390		
6. Select one of the following if applic	cable. (Optional see in	nstructions)		
The company is a veteran-ov	wned small business			
The company is a service-dis	sabled veteran-owned	small business		
OFOTION OF COMPANY OFFICIAL OFFI	litter of the second of the se	in Continue E.)		
SECTION C: COMPANY OFFICIALS (Enter add				
NAME: Frank A Stewart NAME: Joshua Far			NAME:	
TITLE: Member	TLE: Member TITLE: Managing		TITLE:	
ADDRESS: ADDRESS:			ADDRESS:	
915 N New Hope Rd Ste E	915 N New Hope Rd Ste E			
Gastonia, NC 28054	Gastonia, NC 2805	4		
SECTION D: CERTIFICATION OF ANNUAL	REPORT. Section D mus	st be completed in its e	ntirety by a person.	business entity.
Joshua Fannin		3/20/2024		
SIGNATURE Form must be signed by a Company Official listed under	Section C of This form.		DATE	
Joshua Fannin		Managing Member		
Print or Type Name of Company Official		Print or Type Title of Company Official		