

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 FOR THE CALENDAR YEAR: 202	21			Report 1112516
SECTION A: REGISTERED AGENT'S INFORM			Changes	
1. NAME OF REGISTERED AGENT: Stewart, Frank A.				
2. SIGNATURE OF THE NEW REGISTERED AGENT: SIGNATURE CONSTITUTES CONSENT TO THE APPOINTMENT				
3. REGISTERED AGENT OFFICE STREET ADDRESS & COUNTY 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 1. DESCRIPTION OF NATURE OF BUSINESS: Property Management				
2. PRINCIPAL OFFICE PHONE NUMBER: (704) 853-0025 3. PRINCIPAL OFFICE EMAIL: Privacy Rec			cy 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 application of the company is a veteran-over the company is a service-distribution.	vned small business	·		
SECTION C: COMPANY OFFICIALS (Enter additional company officials in Section E.)				
NAME: Frank A Stewart NAME: Joshua Far		nnin	NAME:	
TITLE: Member TITLE: Managing		Member	TITLE:	
ADDRESS: ADDRESS:			ADDRESS:	
915 N New Hope Rd Ste E	915 N New Hope F	Rd Ste E		
Gastonia, NC 28054 Gastonia, NC 28054				
SECTION D: <u>CERTIFICATION OF ANNUAL I</u>	REPORT. Section D mus	st be completed in its er	tirety by a person	/business entity.
Joshua Fannin		4/1/2021	DATE	
SIGNATURE Form must be signed by a Company Official listed under	Section C of This form.		DATE	
Joshua Fannin Print or Type Name of Com	Managing Memb	er t or Type Title of Comp	ony Official	

This Annual Report has been filed electronically.

Print or Type Title of Company Official