

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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

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## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2019

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25,00 PENALTY FEE.

1. Entity ID No. 00816713	2 Exact na <b>Kanter</b> L	ne of the limited liat aw Office, LLC	pility company		
3. State of Formation	4, Brief des Legal se	cription of the chara	cter of business conducted in Rhoc resentation	de Island	
5. Principal office address 10 Dorrance Street, Suite 700			City <b>Providence</b>	State RI	Zip <b>02903</b>
6. MAILING ADDRESS	OF LIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT F	PERSON:	
Contact Name Andrew Kanter			Contact Title Attorney		
Street Address 10 Dorrance Street, Suite 700			City <b>Providence</b>	State RI	Zip 02903
7. LIST <u>ALL</u> MANAGER ("X" BOX FOR ATTA	RS (NAMES AND ADD CHMENT) [	RESSES) OF THE	LIMITED LIABILITY COMPANY, II	F APPLICABLE - <u>DQ</u>	NOT LIST MEMBER
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name	<u></u>		Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN	· · · · · · · · · · · · · · · · · · ·				
This information is cur	rently of record in the	Office of the Seci	retary of State. Changes require	filing Form 642.	

FILED

OCT 2 0 2014

this report, including any accompanying schedules and statements, contained herein are true and correct. 10/17/2014

Signature of Authorized Person

Date

**Andrew Kanter** 

Print or Type Name of Authorized Person

File Date\_ Check No

FOR SECRETARY OF STATE USE ONLY

Form No. 632 Revised: 01/2012