

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

Annual Report for the year: 2016
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	2. Exact name of the Limited Liability Company					
713897	75 STATE STREET, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
53 - Real Estate and Rental and	TO OWN AND/OR LEASE REAL ESTATE					
5. State of Formation						
RHODE ISLAND						
6. Principal Office Address			City	State	Zip	
75 STATE STREET			NARRAGANSETT	RI	02882	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name GLENN GOODWIN			Contact Title MEMBER			
Street Address 149 EDGEWOOD FARM ROAD			City WAKEFIELD	State RI	^{Zip} 02879	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Nan			Manager Name			
Street Address			Street Ad-			
t	³⁴⁻¹e RI	^{Zip} 02879	C"	Totale	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
		<u> </u>	Ch	eck the box to indi	cate an attachment	
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 /				Date /		
GLENN GOODWIN	IN GOODWIN			918/16		
Signature of Authorized Person SIGN DOCUMENT HERE						

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED OCT 0 6 2016 BY 3030S