



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<br><b>507639</b>                                                                                                                                                                        |       | 2. Exact name of the Limited Liability Company<br><b>Upper Prospect L.L.C.</b>                                         |                                |                    |                     |
| 3. NAICS Code<br>53 - Real Estate and Rental and                                                                                                                                                            |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>To invest in and manage property</b> |                                |                    |                     |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                          |       |                                                                                                                        |                                |                    |                     |
| 6. Principal Office Address<br><b>35 Prospect Street</b>                                                                                                                                                    |       | City<br><b>Bristol</b>                                                                                                 |                                | State<br><b>RI</b> | Zip<br><b>02809</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                                        |                                |                    |                     |
| Contact Name<br><b>Gardiner Bowen</b>                                                                                                                                                                       |       |                                                                                                                        | Contact Title<br><b>Member</b> |                    |                     |
| Street Address<br><b>35 Prospect Street</b>                                                                                                                                                                 |       | City<br><b>Bristol</b>                                                                                                 |                                | State<br><b>RI</b> | Zip<br><b>02809</b> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |       |                                                                                                                        |                                |                    |                     |
| Manager Name<br><b>None</b>                                                                                                                                                                                 |       |                                                                                                                        | Manager Name<br><b>None</b>    |                    |                     |
| Street Address                                                                                                                                                                                              |       |                                                                                                                        | Street Address                 |                    |                     |
| City                                                                                                                                                                                                        | State | Zip                                                                                                                    | City                           | State              | Zip                 |
| Manager Name<br><b>None</b>                                                                                                                                                                                 |       |                                                                                                                        | Manager Name<br><b>None</b>    |                    |                     |
| Street Address                                                                                                                                                                                              |       |                                                                                                                        | Street Address                 |                    |                     |
| City                                                                                                                                                                                                        | State | Zip                                                                                                                    | City                           | State              | Zip                 |
| Check the box to indicate an attachment <input type="checkbox"/>                                                                                                                                            |       |                                                                                                                        |                                |                    |                     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.                                                                   |       |                                                                                                                        |                                |                    |                     |
| <b>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.</b> |       |                                                                                                                        |                                |                    |                     |
| Name of Authorized Person<br><b>Gardiner Bowen, Member</b>                                                                                                                                                  |       |                                                                                                                        |                                | Date               |                     |
| Signature of Authorized Person<br>                                                                                        |       |                                                                                                                        |                                | 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**

**NOV 18 2016**

**BY**

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