

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2013
Limited Liability CompanyRECEIVED
R.I. DEPT. OF STATE
BUS. SERVICES DIV.

2017 FEB 21 PM 12:28

- 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 <u>487342</u> | | 2. Exact name of the Limited Liability Company <u>204 Pawtuxet Avenue LLC</u> | | | |
| 3. State of Formation <u>RI</u> | | 4. Brief description of the character of business conducted in Rhode Island <u>Real Estate Holding</u> | | | |
| 5. Principal Office Address <u>118 Sakonnet Point</u> | | | City <u>Little Compton</u> | State <u>RI</u> | Zip <u>02837</u> |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name <u>W. Peter Tirpaeck</u> | | | Contact Title <u>MBR</u> | | |
| Street Address <u>118 Sakonnet Pt Rd</u> | | | City <u>Little Compton</u> | State <u>RI</u> | Zip <u>02837</u> |
| 7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name <u>Margaret Tirpaeck</u> | | | Manager Name <u>W. Peter Tirpaeck</u> | | |
| Street Address <u>118 Sakonnet Pt</u> | | | Street Address <u>118 Sakonnet Pt Rd</u> | | |
| City <u>Little Compton</u> | State <u>RI</u> | Zip <u>02837</u> | City <u>Little Compton</u> | State <u>RI</u> | Zip <u>02837</u> |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 8. Resident Agent in Rhode Island. This information is currently of record in 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 <u>W. Peter Tirpaeck</u> | | | | Date <u>12-19-16</u> | |
| Signature of Authorized Person <u>W. Peter Tirpaeck</u> | | | | | |

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MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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