

STAMP

Annual Report for the year: 2017 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.

600	

1. Entity ID Number 128874		2. Exact name of the Limited Liability Company Church Street Partners, LLC					
3. NAICS Code	4. Brief des	Brief description of the character of business conducted in Rhode Island					
531390	ACQUISI"	ACQUISITION, LEASING OF REAL PROPERTY					
5 State of Formation Rhode Island							
6 Principal Office Address			City	State	Zip		
244 Metacom Avenue			Bristol	RI	02809		
7 Mailing Address of Limite	ed Liability Compa	iny and Name or	Title of Contact Person				
Contact Name Marie E. Byrnes			Contact Title Member				
Street Address 244 Metacom Avenue			City Bristol	State RI	^{Zip} 02809		
8. List ALL managers (nam	nes and addresses	s) of the Limited	Liability Company, IF APPLIC	ABLE - DO NOT LIST	MEMBERS		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zıp		
Manager Name	_	<u></u>	Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
				Check the box to	indicate an attachment		
9. Resident Agent in Rhode	e Island. This inform	nation is currently	of record with the Department of S	State. Changes require fili	ng Form 642		
Under penalty of perjury, statements, and that all s	I declare and aff tatements conta	irm that I have ined herein are	examined this report, includ true and correct.	ling any accompanyir	ng schedules and		
Name of Authorized Person				Date			
Marie E. Byrnes				/0-	- 16-17		
Signature of Authorized Pe	erson R	h M BIGN	N DOCUMENT HERE				
"I YILL!	c.xx	VW.Z					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

