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FOR SECRETARY OF SEAR 1920 CRA

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.

1. Entity ID Number 1666888	2. Exact name of the Limited Liability Company 87 TOM HARVEY ROAD LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
531311	Manage Real Estate				
5. State of Formation					
RI					
6. Principal Office Address			City	State	Zip
87 Tom Harvey Road			Westerly	RI	02891
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Dan Schilke			Contact Title Member		
Street Address 87 Tom Harvey Road			City Westerly	State RI	^{Zip} 02891
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate 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					
Daniel Schilke					
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

FORM 632 - Revised: 08/2017