State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECEIVED SECRETARY OF STATE CORPORATIONS DIV

2018 APR -2 AM 10: 14

Annual Report for the year: 2013 **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 000159764	2. Exact name of the Limited Liability Company Thirty Seven William Street, LLC					
3. NAICS Code 531390	4. Brief description of the character of business conducted in Rhode Island					
	Condominium association					
5, State of Formation						
Rhode Island						
6. Principal Office Address			City	State	Zip	
37 William Street			Newport	Rhode Island	02840	
7. Mailing Address of Limited Lia	ability Compa	ny and Name or 1	Title of Contact Person			
Contact Name Scott Newcombe			Contact Title			
Street Address 116 Bonner Lane			City Mooresville	State NC	^{Zip} 28117	
8. List ALL managers (names a	nd addresses) of the Limited L	iability Company, IF APPLICAB	BLE - DO NOT LIST ME	MBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
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 Isla	nd, This inform	ation is currently of	record with the Department of Stat	te, Changes require filing F	orm 642,	
Under penalty of perjury, I dec statements, and that all states				g any accompanying s	chedules and	
Name of Authorized Person				Date	Date	
Rebecca Clarke Turmel				3/21/2018		
Signature of Authorized Person	' ساوح	Zam	f			

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MAIL TO:

Division of Business Services

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