RI SOS Filing Number: 201876130820 Date: 8/27/2018 4:00:00 PM



State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

STAMP

Annual Report for the year: 2018
Limited Liability Company

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 <b>70893</b>	2. Exact name of the Limited Liability Company 597 METACOM AVENUE, LLC					
3. NAICS Code 531110	Brief description of the character of business conducted in Rhode Island     OWNERSHIP AND MANAGEMENT OF INVESTMENT REAL ESTATE					
5. State of Formation RI						
6. Principal Office Address 99 TUPELO STREET			City BRISTOL	State RI	Zip 02809	
7. Mailing Address of Limited Lia		ny and Name or				
Contact Name EDWARD J COX II			Contact Title CFO			
Street Address 99 TUPELO STREET			City BRISTOL	State RI	<sup>Zip</sup> 02809	
8. List ALL managers (names a	nd addresses	) of the Limited	Liability Company, IF APPLICA	ABLE - 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	Zıp	City	State	Zip	
				Check the box to	indicate an attachment	
9. Resident Agent in Rhode Isla	nd. This inform	nation is currently	of record with the Department of S	tate. Changes require fili	ng Form 642.	
Under penalty of perjury, I dec statements, and that all stater				ing any accompanyin	ng schedules and	
Name of Authorized Person				Date	Date	
EDWARD J COX II				08/21/1	08/21/18	
Signature of Authorized Person	ent	SIG	N 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** 

AUG 2 7 2018

FORM 632 - Revised: 10/201