Annual Report for the year: 2018
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	2. Exact name of the Limited Liability Company				
130827	BROOKE ROBERTS STUDIO, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
812990	STONE CUTTER AND STUDIO				
5. State of Formation					
RI					
6. Principal Office Address			City	State	Zip
122 TOURO STREET			NEWPORT	RI	02840
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name TURNER C. SCOTT			Contact Title REGISTERED AGENT		
Street Address 122 TOURO STREET			City NEWPORT	State RI	<sup>Zip</sup> 02840
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	Zıp
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 O					
R. BROOKE ROBERTS $8/20/18$					
Signature of Authorized Person  Wilden Sign Sign 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: 10/2017