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Rhode Island and Providence Plantations

## ment of State - Business Services Division

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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					
788998	1B GRINNELL ROAD, LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
53110	HOLDING, OWNING, BUYING, SELLING, PLEDGING OR OTHERWISE DEALING IN REAL ESTATE					
5. State of Formation	INVESTMENT OPPORTUNITIES, WITHOUT LIMITATION					
RHODE ISLAND						
6. Principal Office Address			City	State	Zip	
1B GRINNELL ROAD			LITTLE COMPTON	RI	02837	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name SAMUEL N. CHASE		Contact Title				
Street Address ONE ANN & HOPE WAY		City CUMBERLAND	State RI	<sup>Zip</sup> 02837		
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	Zıp	City	State	Zıp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zıp	
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 filling 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 ,						
SAMUEL N. CHASE						
Signature of Authorized Person Sign COLYMEN THERE						

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

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

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FORM 632 - Revised: 10/2017