



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

SEP 26 2018

BY SIS

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 <u>1340890</u>		2. Exact name of the Limited Liability Company <u>41 Memorial Boulevard, LLC</u>					
3. NAICS Code <u>531110</u>		4. Brief description of the character of business conducted in Rhode Island <u>Lessors of residential buildings & dwellings</u>					
5. State of Formation <u>RI</u>							
6. Principal Office Address <u>76 Center Ave.</u>				City <u>Middletown</u>	State <u>RI</u>	Zip <u>02842</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name <u>Barbara Lyon MacGowan</u>				Contact Title <u>Registered Agent</u>			
Street Address <u>76 Center Ave.</u>				City <u>Middletown</u>	State <u>RI</u>	Zip <u>02842</u>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name <u>Barbara Lyon MacGowan</u>				Manager Name <u>William G. MacGowan</u>			
Street Address <u>76 Center Ave</u>				Street Address <u>76 Center Ave.</u>			
City <u>Middletown</u>	State <u>RI</u>	Zip <u>02842</u>		City <u>Middletown</u>	State <u>RI</u>	Zip <u>02842</u>	
Manager Name				Manager Name			
Street Address				Street Address			
City	State	Zip		City	State	Zip	
Check the box to indicate an attachment <input type="checkbox"/>							
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 <u>Barbara Lyon MacGowan</u>						Date <u>9/10/18</u>	
Signature of Authorized Person <u>Barbara Lyon MacGowan</u>						SIGNATURE HERE	

MAIL TO:
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 Website: www.sos.ri.gov