

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAND

 $(-1) = \frac{1}{2} \cdot (-1)$

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 522559	2. Exact name of the Limited Liability Company 45 COMMERCE, LLC				
3. NAICS Code 531120	Brief description of the character of business conducted in Rhode Island OWN AND OPERATE REAL ESTATE				
5. State of Formation					
RHODE ISLAND					
6. Principal Office Address			City	State	Zip
50 WHITECAP DRIVE, SUITE 102			NORTH KINGSTOWN	RI	02852
7. Mailing Address of Limited Lia	bility Company	and Name or Tit	le of Contact Person		
Contact Name DOUGLAS B. RIGGS			Contact Title		
Street Address 50 WHITECAP DRIVE, SUITE 102			City NORTH KINGSTOWN	State RI	^{Zip} 02852
8. List ALL managers (names ar	d addresses)	of the Limited Lia	bility Company, IF APPLICABLE -	DO NOT LIST	MEMBERS
Manager Name DOUGLAS B. RIGGS			Manager Name		
Street Address 50 WHITECAP DRIVE, SUITE 102			Street Address		
City NORTH KINGSTOWN	State RI	Zıp 02852	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
	<u>L</u>	k	Ch	neck 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 dec statements, and that all staten			nmined this report, including any re and correct.	/ accompanyir	ng schedules and
Name of Authorized Person				Date	
DOUGLAS B. RIGGS				09/05/2018	
Signature of Authorized Person					

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**

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