



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

STAMP

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 001678896		2 Exact name of the Limited Liability Company 37 DIVISION ST. LLC	
3 NAICS Code 53/110		4 Brief description of the character of business conducted in Rhode Island RENTAL OF REAL ESTATE	
5 State of Formation RI			
6 Principal Office Address 104 SPRING ST		City NEWPORT	State RI
		Zip 02848	
7 Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name LYNN DE LA VALETTE		Contact Title TREASURER	
Street Address 104 SPRING ST		City NEWPORT	State RI
		Zip 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	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 LYNN DE LA VALETTE			Date 10/19/18
Signature of Authorized Person <i>Lynn de La Valette</i>			

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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