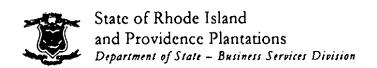
RI SOS Filing Number: 201880028580 Date: 10/22/2018 4:00:00 PM



148 W. River Street Providence, RI 02904-2615 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR ______ 2018

Filing Period: September 1 - November 1 • Filing Fee: \$50.00° • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

*In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law

(R.I.G.L. 7-16-66 (Dec.)) is subject to a property fee of \$25.00.

	2. Exact name of the limited liability company Dorrance 2C, LLC			3.	3. NAICS Code 531312	
4. Brief description of the character of the business which is actually condi- real estate holding company			1cd in Rhode Island 5. State of Formation Rhode Island		-	
6. Principal office address 128 Dorrance Street, Unit 2C			City Providence	State RI	7 <i>ip</i> 02903	
7. MAILING ADDRES Contact Name Mark R. Bevingte		ILITY COMPANY AND	NAME OR TITLE OF CONTAC Contact Title Manager	T PERSON:		
Street Address 128 Dorrance Street, Unit 2C			City Providence	State RI	02903	
8. NAME AND ADDRE		GER OF THE LIMITED IS BEFORE USING ATT.	LIABILITY COMPANY, IF APP ACHMENTS ("X" BOX FOR	LICABLE - <u>DO</u> ATTACHMENT)		
Manager Name Mark R. Beving			Manager Name			
Street Address 128 Dorrance Street, Unit 2C			Street Address			
^{City} Providence	State RI	Zip 02903	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. RESIDENT AGENT		T 61 0		(42 2101	7	
nis information is curre	ntly of record in the Of	nice of the Secretary of Su	atc. Changos munica films, of Form		/-10-11	
			OCT 2 2 2018 D	/		
			m p33			

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

File Date	
Check No.	
Ву:	
FOR SECRETARY OF STATE USE ONLY	

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.

(MCG) 10-1-18

Signature of Authorized Person

Date

Mark R. Bevington, Manager

Print or Type Name of Authorized Person