



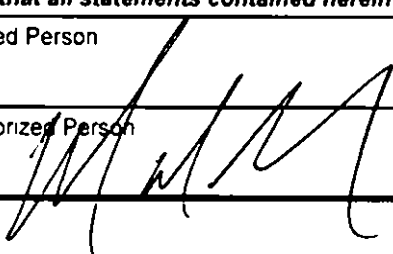
State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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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.

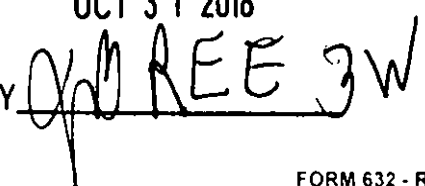
|                                                                                                                                                                                                             |                 |                                                                                                                                                                                                                                                                               |                         |                         |                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------|---------------------|
| 1. Entity ID Number<br><b>72161</b>                                                                                                                                                                         |                 | 2. Exact name of the Limited Liability Company<br><b>Lakeside Residential Partners, LLC</b>                                                                                                                                                                                   |                         |                         |                     |
| 3. NAICS Code<br><b>531312</b>                                                                                                                                                                              |                 | 4. Brief description of the character of business conducted in Rhode Island<br><b>To hold, own, sell, assign, transfer, operate, lease, mortgage, pledge and otherwise deal with a parcel of real property together with all improvements thereon in South Kingstown, RI.</b> |                         |                         |                     |
| 5. State of Formation<br><b>Rhode Island</b>                                                                                                                                                                |                 |                                                                                                                                                                                                                                                                               |                         |                         |                     |
| 6. Principal Office Address<br><b>1140 Reservoir Avenue</b>                                                                                                                                                 |                 |                                                                                                                                                                                                                                                                               | City<br><b>Cranston</b> | State<br><b>RI</b>      | Zip<br><b>02920</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |                 |                                                                                                                                                                                                                                                                               |                         |                         |                     |
| Contact Name <b>Mark Bacon</b>                                                                                                                                                                              |                 |                                                                                                                                                                                                                                                                               | Contact Title           |                         |                     |
| Street Address <b>1140 Reservoir Avenue</b>                                                                                                                                                                 |                 |                                                                                                                                                                                                                                                                               | City <b>Cranston</b>    | State <b>RI</b>         | Zip <b>02920</b>    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |                 |                                                                                                                                                                                                                                                                               |                         |                         |                     |
| Manager Name <b>Mark Bacon</b>                                                                                                                                                                              |                 |                                                                                                                                                                                                                                                                               | Manager Name            |                         |                     |
| Street Address <b>1140 Reservoir Avenue</b>                                                                                                                                                                 |                 |                                                                                                                                                                                                                                                                               | Street Address          |                         |                     |
| City <b>Cranston</b>                                                                                                                                                                                        | State <b>RI</b> | Zip <b>02920</b>                                                                                                                                                                                                                                                              | City                    | State                   | Zip                 |
| 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.                                                                   |                 |                                                                                                                                                                                                                                                                               |                         |                         |                     |
| <b>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.</b> |                 |                                                                                                                                                                                                                                                                               |                         |                         |                     |
| Name of Authorized Person<br><b>Mark Bacon</b>                                                                                                                                                              |                 |                                                                                                                                                                                                                                                                               |                         | Date<br><b>10-30-18</b> |                     |
| Signature of Authorized Person<br>                                                                                       |                 |                                                                                                                                                                                                                                                                               |                         | SIGN DOCUMENT HERE      |                     |

**MAIL TO:**

**Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: [www.sos.ri.gov](http://www.sos.ri.gov)

**FILED**

OCT 31 2018

BY  **REE JW**