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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

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.

BY_	NOV 1 3 2018
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1. Entity ID Number	2. Exact na	2. Exact name of the Limited Liability Company					
1006324	Thorndike Partners, LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
531110	Real Estate						
5. State of Formation	1						
Rhode Island							
6. Principal Office Address			City	State	Zip		
P.O. Box 482			Saunderstown	RI	02874		
7. Mailing Address of Limited Li	ability Compa	iny and Name or					
Contact Name Robert Carr			Contact Title Member				
Street Address P.O. Box 482			^{City} Saunderstown	State RI	Zip 02874		
8. List ALL managers (names a	ind addresse:	s) of the Limited	Liability Company, IF APPLICABL	E - DO NOT LIST	MEMBERS		
Manager Name			Manager Name				
Street Address			Street Address				
City	Slate	Zip	Cily	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zíp	City	State	Zip		
Check 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 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 Date / /							
Robert Carr 11/8/2019							
Signature of Authorized Person	1	SIG	N DOCUMENT HERE				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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