

FILED

NOV 26 2018

Annual Report for the year: _______

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.

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Entity ID Number	2. Exact name of the Limited Liability Company				
001679177	127 Beacon, LLC				
3 NAICS Code	Brief description of the character of business conducted in Rhode Island				
531390	Real estate purchase and sale				
5. State of Formation					
RI					
6. Principal Office Address			City	State	Zip
127 Beards Avenue			Wanvick	RI	02889
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Thomas P. Stone			Contact Title Owner		
Street Address 127 Beacon Avenue			City Warren 4	State RT	2ip 02889
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	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
		}	Che	eck the box to ind	icate 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	
Thomas P. Storp				11/2	18
Signature of Authorized Person SIGN DOCUMENT HERE					
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