



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>001674494</b>   |       | 2. Exact name of the Limited Liability Company<br><b>Statewide Development, LLC</b>   |                                     |                                    |                                  |
| 3. NAICS Code<br><b>531190</b>  |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>holding, owning, buying, selling, leasing real estate</b> |                                     |                                    |                                  |
| 5 State of Formation<br><b>RI</b>   |       |   |                                     |                                    |                                  |
| 6 Principal Office Address<br><b>169 Grosvenor Drive</b>  |       | City<br><b>East Providence</b>  |                                     | State<br><b>RI</b>                 | Zip<br><b>02914</b>              |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |   |                                     |                                    |                                  |
| Contact Name <b>Richard Bogue</b>   |       |   | Contact Title <b>Resident Agent</b> |                                    |                                  |
| Street Address <b>55 Pien Street, 5th Floor</b>   |       |   | City <b>Providence</b>              |                                    | State <b>RI</b> Zip <b>02903</b> |
| 8. List <b>ALL</b> managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b>  |       |   |                                     |                                    |                                  |
| 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                              |
| 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>Brian Coogan</b>  |       |   |                                     | Date                               |                                  |
| Signature of Authorized Person<br>   |       |   |                                     | SIGN DOCUMENT HERE<br><b>FILED</b> |                                  |

MAIL TO:  
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