



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

FILED

AUG 23 2019

BY 2013 OS

Annual Report for the year: 2019
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 768454 | | 2. Exact name of the Limited Liability Company 501 WOOD STREET LLC | | | |
| 3. NAICS Code 531110 | | 4. Brief description of the character of business conducted in Rhode Island OWNERSHIP AND MANGEMENT OF INVESTMENT REAL ESTATE | | | |
| 5. State of Formation RHODE ISLAND | | | | | |
| 6. Principal Office Address 16 BUTTERWORTH AVE | | | City BRISTOL | State RI | Zip 02809 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name EDWARD J COX II | | | Contact Title REGISTERED AGENT | | |
| Street Address 16 BUTTERWORTH AVENUE | | | City BRISTOL | State RI | Zip 02809 |
| 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 |
| 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 | | | | | |
| <i>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.</i> | | | | | |
| Name of Authorized Person EDWARD J COX II | | | | Date 08/17/2019 | |
| Signature of Authorized Person SIGN DOCUMENT HERE | | | | | |

MAIL TO:
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