

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

FILEDIALIP						
AUG 3 0 2019						
BY_1585 OS						

1. Entity ID Number 000552060		2. Exact name of the Limited Liability Company LYMAN LOFTS DEVELOPERS LLC				
3. NAICS Code	4. Brief descr	4. Brief description of the character of business conducted in Rhode Island				
<u>531110</u>	Real estate	Real estate development.				
5. State of Formation						
Rhode Island						
6. Principal Office Address			City	State	Zip	
101 Corliss Street			Providence	RI	02904	
7. Mailing Address of Limited	Liability Company	y and Name or Tit	le of Contact Person			
Contact Name Guido R. Salvadore, Esq.			Contact Title Registered Agent			
Street Address 10 Weybosset Street, Suite 303			City Providence	State RI	Z ^{IP} 02903	
8. List ALL managers (name	s and addresses)	of the Limited Lia	bility Company, IF APPLICAS	BLE - DO NOT LIST	MEMBERS	
Manager Name John C. Santoro			Manager Name			
Street Address 101 Corliss Street			Street Address			
City Providence	State RI	Z ^{IP} 02904	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
				Check the box to	indicate an attachment	
9 Resident Agent in Rhode	Island. This informa	ation is currently of r	ecord with the Department of St	ate Changes require fil	ing Form 642.	
Under penalty of perjury, I	declare and affir	rm that I have exa	amined this report, includir			
Statements, and that all statements contained herein are true and correct. Name of Authorized Person				Date	Date	
John C. Santoro, Manager						
		- -				
Signature of Authorized Per	son .	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