



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

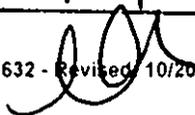
Annual Report for the year: 2019
Limited Liability Company

- 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 1678171		2. Exact name of the Limited Liability Company Katydid Cottage LLC			
3. NAICS Code 531390		4. Brief description of the character of business conducted in Rhode Island real estate holding			
5. State of Formation Rhode Island					
6. Principal Office Address 404 Main Street		City East Greenwich	State RI	Zip 02818	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Christine Redfern			Contact Title		
Street Address P.O. Box 1907		City East Greenwich	State RI	Zip 02818	
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.					
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 Christine Redfern			Date 9/4 , 2019		
Signature of Authorized Person 		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

FILED

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FORM 632 - Revised 10/2017