



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.

**FILED** STAMP  
 SEP 09 2019 *al*  
 3634

1. Entity ID Number <b>790041</b>		2. Exact name of the Limited Liability Company <b>Louisquisset Pike, LLC</b>			
3. NAICS Code <b>531311</b>		4. Brief description of the character of business conducted in Rhode Island <b>To hold and manage real estate.</b>			
5. State of Formation <b>Rhode Island</b>					
6. Principal Office Address <b>1988 Louisquisset Pike</b>		City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Michael F. Elliott</b>		Contact Title <b>Manager</b>			
Street Address <b>1988 Louisquisset Pike</b>		City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>Michael F. Elliott</b>		Manager Name <b>John Trojan, Jr.</b>			
Street Address <b>1988 Louisquisset Pike</b>		Street Address <b>1988 Louisquisset Pike</b>			
City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>	City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>
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 <b>Michael F. Elliott</b>				Date <b>9.3.19</b>	
Signature of Authorized Person <i>Michael F. Elliott</i>				SIGN DOCUMENT HERE	

**MAIL TO:**

**Division of Business Services**  
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 Website: [www.sos.ri.gov](http://www.sos.ri.gov)