



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

STAMP

FOR
 SECRETARY OF STATE
 USE ONLY

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 1340465		2. Exact name of the Limited Liability Company 26 NARRAGANSETT LLC			
3. NAICS Code 531110		4. Brief description of the character of business conducted in Rhode Island REAL ESTATE HOLDING COMPANY			
5. State of Formation RHODE ISLAND					
6. Principal Office Address 141 OLD BEACH ROAD		City NEWPORT	State RI	Zip 02840	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name MICHELE ANDRADE			Contact Title MANAGER		
Street Address 141 OLD BEACH ROAD		City NEWPORT	State RI	Zip 02840	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name MICHELE ANDRADE		Manager Name OMAR YOUNES			
Street Address 141 OLD BEACH ROAD		Street Address 6012 CLAIBORNE DRIVE			
City NEWPORT	State RI	Zip 02840	City MCLEAN	State VA	Zip 22101
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 <i>Michelle B. Andrade</i>				Date <i>8/26/19</i>	
Signature of Authorized Person <i>M B Andrade</i>				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

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SEP 11 2019

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