	State of Rhode Island and	Providence Plantations	Fee: \$50.	
	Office of the Secr		гее: 550.	
	Division Of Busin	Same Complete		
	148 W. Rive			
	Providence RI (
Lune C	(401) 222-			
HOPE	(101) 222	5010		
Limited Liability	y Company			
Annual Report				
-iling Period: Septe	mber 1 - November 1			
n accordance with	R.I.G.L. 7-16-66(d), each limited liability c	ompany failing or refusing		
	ort within thirty (30) days after the time pr	escribed by law (R.I.G.L. 7-		
16-66(b&c)) is subje	ect to a penalty fee of \$25.00.			
ANNUAL REPORT	YEAR: <u>2019</u>			
1. ID No. 000	536667			
2. Exact Name of	f the Limited Liability Company COV	ENTRY ROUTE 3, LLC		
3. State of Forma	ation			
State: DE				
	ARTICLE	l		
000053	ere. More information on <u>NAICS</u> can be for			
000033				
4. Brief Description	on of the Character of the Business W	nich is Actually Conducted in R	hode Island	
REAL ESTATE				
REAL LOTATE				
5. Principal Office	Address			
No. and Street:	P.O. BOX 960696			
City or Town:	BOSTON State:]	<u>MA</u> Zip: <u>02196</u> Coun	try: <u>USA</u>	
6. Mailing Addres	s of Limited Liability Company and N	ame or Title of Contact Person	:	
-				
	Contact Title:			
No. and Street:	P.O. BOX 960696			
City or Town:	BOSTON State:	<u>MA</u> Zip: <u>02196</u> Cour	ntry: <u>USA</u>	
7. Name and Add DO NOT LIST M	ress of Each Manager of the Limited I IEMBERS	iability Company, if Applicabl	е.	
Title	Title Individual Name			
	First, Middle, Last, Suffix	Address Address, City or Town, State, Zi	o Code, Country	
MANAGER	JOY A. BEATRICE	P.O. BOX 960	696	
			BOSTON, MA 02196 USA	

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI 02888

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 24 Day of September, 2019 at 2:31:11 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By JOY A. BEATRICE

Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$ 2007 - 2019 State of Rhode Island and Providence Plantations All Rights Reserved