



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2019

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>001660157</u> 011944203		2. Exact name of the limited liability company <u>ABCS LLC</u>	
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Real Estate (236118)</u>	
5. Principal office address <u>8 West Harbor Road</u>		City <u>Bristol</u>	State <u>RI</u> Zip <u>02809</u>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <u>Rebecca A. Levick</u>		Contact Title <u>owner</u>	
Street Address <u>8 West Harbor Road</u>		City <u>Bristol</u>	State <u>RI</u> Zip <u>02809</u>
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name <u>Rebecca A. Levick</u>		Manager Name	
Street Address <u>8 West Harbor Road</u>		Street Address	
City <u>Bristol</u>	State <u>RI</u>	Zip <u>02809</u>	City State Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City State Zip
8. RESIDENT AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.			

FILED

SEP 30 2019

BY S211

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

(X) Rebecca A. Levick Sept 29/19
 Signature of Authorized Person Date

Rebecca A. Levick
 Print or Type Name of Authorized Person