



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

STAMP

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 861068		2. Exact name of the Limited Liability Company SCITUATE COMMONS, LLC			
3. NAICS Code 531311		4. Brief description of the character of business conducted in Rhode Island TO OWN, OPERATE, AND MANAGE REAL ESTATE AND REAL ESTATE PROPERTIES			
5. State of Formation RHODE ISLAND					
6. Principal Office Address 29 INSTITUTE LANE		City NORTH SCITUATE		State RI	Zip 02857
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name RICHARD KILDUFF		Contact Title			
Street Address 44 MARY ELIZABETH DRIVE		City NORTH SCITUATE		State RI	Zip 02857
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name RICHARD KILDUFF		Manager Name JAMES KILDUFF			
Street Address 44 MARY ELIZABETH DRIVE		Street Address 45 WHITE PINE DRIVE			
City NORTH SCITUATE	State RI	Zip 02857	City SCITUATE	State RI	Zip 02857
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.					
<i>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.</i>					
Name of Authorized Person RICHARD KILDUFF				Date SEP 23 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

OCT 04 2019

BY

FORM 992 - Revised: 10/2017