Si	ate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S		
Providence RI 02904-2615			
LIGHT	(401) 222-3040		
HOPE	(, ;		
Limited Liability Com	pany		
Annual Report			
Filing Period: September 1 -	November 1		
to file its annual report withir	7-16-66(d), each limited liability com n thirty (30) days after the time presc		
16-66(b&c)) is subject to a p			
ANNUAL REPORT YEAR: 2019			
1. ID No. <u>000151602</u>			
2. Exact Name of the Limited Liability Company <u>SHORELANDS, LLC</u>			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
0	ode that best describes the primary information on <u>NAICS</u> can be found		ity. Download
4. Brief Description of the	e Character of the Business Which	is Actually Conducted in R	node Island
OWN AND MANAGE R	REAL ESTATE		
5. Principal Office Addres	ŝS		
No. and Street: <u>83 OVERSHORES DRIVE</u>			
City or Town: <u>MAD</u>	ISON Stat	e: <u>CT</u> Zip: <u>06433</u> Cou	intry: <u>USA</u>
6. Mailing Address of Lin	nited Liability Company and Name	or Title of Contact Person:	
Contact Name: Contact Title:			
No. and Street: 83 OVERSHORES DRIVE			
City or Town: MADIS		e: CT Zip: 06443 Cou	Intry: USA
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip	Code, Country
MANAGER	TIMOTHY CLORITE	83 OVERSHORES MADISON, CT 06433-	

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

MOSES AFONSO RYAN LTD. 160 WESTMINSTER STREET, SUITE 400 PROVIDENCE, RI 02903

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

Signed this 21 Day of October, 2019 at 2:41:54 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 **<u>TIMOTHY CLORITE</u>**

Signature of Authorized Person

Form No. 632 Revised 09/07

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