**STAMP** 

Annual Report for the year:  $\frac{2019}{}$ **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.

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1. Entity ID Number	To 5				•		
793879		2. Exact name of the Limited Liability Company SEAVIEW PROPERTIES, LLC					
3. NAICS Code	<b>-</b>		·	in Ohodo Island			
531390	Brief description of the character of business conducted in Rhode Island     REAL ESTATE						
	4						
5. State of Formation RI							
			· -				
6. Principal Office Address			City	State	Zip		
122 TOURO STREET			NEWPORT	RI	02840		
7. Mailing Address of Limited Li	ability Compa	any and Name or	Title of Contact Person	•	•		
Contact Name TURNER C. SCOTT			Contact Title REGISTERED AGENT				
Street Address 122 TOURO STREET			City NEWPORT	State RI	<sup>Zip</sup> 02840		
8. List ALL managers (names a	and addresse	s) of the Limited	Liability Company, IF APPLICAL	BLE - DO NOT LIST I	MEMBERS		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address				
City	State	Zip	City	State	Zıp		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
	1		I	Check the box to i	ndicate an attachment		
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 de statements, and that all state			examined this report, including true and correct.	g any accompanyin	g schedules and		
Name of Authorized Person				Date	Date , ,		
TURNER C. SCOTT				10/11/19			
Signature of Authorized Person  SIGN DUCUMENT HERE							
		/ VYX					
		<del>-</del>	rean re	<u>- N</u>			

LIFER

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov OCT 2 1 2019 KM

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