| s s  | tate of Rhode Island and Pro<br>Office of the Secreta   |   | \$50.00  |
|--|---|---|----------|
| Division Of Business Services  |   |   |          |
| 148 W. River Street  |   |   |          |
|  | Providence RI 0290<br>(401) 222-304   |   |          |
| HOPE   |   | -   |          |
| Limited Liability Company<br>Annual Report   |   |   |          |
| Filing Period: September 1 - November 1  |   |   |          |
|  | 7-16-66(d), each limited liability comp<br>n thirty (30) days after the time presc<br>penalty fee of \$25.00. |   |          |
| ANNUAL REPORT YEAR: 2019   |   |   |          |
| 1. ID No. <u>000322365</u>   |   |   |          |
| 2. Exact Name of the Limited Liability Company <u>NORTH MAIN STREET LLC</u>  |   |   |          |
| 3. State of Formation  |   |   |          |
| State: <u>RI</u>   |   |   |          |
| ARTICLE III  |   |   |          |
|  |   |   |          |
| Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online. |   |   |          |
| <u>531110</u>  |   |   |          |
| 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island  |   |   |          |
| ACQUIRE, OWN, MARKET, SELL, ADVERTISE, BROKER, DEVELOP, CONSTRUCT,   |   |   |          |
| REHABILITATE, RENOVATE, IMPROVE, MAINTAIN FINANCE, MANAGE, OPERATE,  |   |   |          |
| LEASE, CONVEY, ASS   | SIGN, MORTGAGE  |   |          |
| 5. Principal Office Addres   | SS  |   |          |
| No. and Street: <u>72 FALL RIVER AVENUE</u>  |   |   |          |
| City or Town: <u>REHO</u>  | <u>DBOTH</u> State  | :: <u>MA</u> Zip: <u>02769</u> Country: <u>US</u> | <u>A</u> |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:   |   |   |          |
| Contact Name: Contact  | Title:  |   |          |
| No. and Street: <u>72 FALL RIVER AVENUE</u>  |   |   |          |
| City or Town: REHOBOTH State: MA Zip: 02769 Country: USA   |   |   |          |
| 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.<br>DO NOT LIST MEMBERS  |   |   |          |
| Title  | Individual Name   | Address   |          |
|  | First, Middle, Last, Suffix   | Address, City or Town, State, Zip Code, Cour      | ntry     |

MATTHEW J QUIRK

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

JOHN F. REIS, ESQ. <u>926 PARK AVENUE</u> <u>CRANSTON</u>, <u>RI</u> <u>02910</u>

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

**Signed this 22 Day of October, 2019 at 10:02:12 AM 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 MATTHEW J. QUIRK

Signature of Authorized Person

Form No. 632 Revised 09/07

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