

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.

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1017165 3. NAICS Code 53 1110	1, Entity ID Number	2 Exact name of the Limit	red Liability Company					
5. State of Formation RHODE ISLAND 6. Principal Office Address 51 Sockanosset Cross Road 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Richard J. Cardarelli Street Address 51 Sockanosset Cross Road City Cranston Contact Title Member Street Address 51 Sockanosset Cross Road City Cranston State Ri Zip 02920 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS Manager Name None. Street Address City State Zip Manager Name	` '	2. Exact name of the Limited Liability Company DRYWATER, LLC						
5. State of Formation RHODE ISLAND 6. Principal Office Address 51 Sockanosset Cross Road 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Richard J. Cardarelli Street Address 51 Sockanosset Cross Road City Cranston State RI Zip 02920 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS Manager Name None. Street Address City State Zip Manager Name	3. NAICS Code	Brief description of the character of business conducted in Rhode Island						
RHODE ISLAND 6. Principal Office Address 51 Sockanosset Cross Road 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Richard J. Cardarelli Street Address 51 Sockanosset Cross Road City Cranston State Ri 02920 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Title Member Street Address 51 Sockanosset Cross Road City Cranston State Ri Zip 02920 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS Manager Name None. Street Address City State Zip City State Zip Manager Name Manager Name Manager Name	-53 1110 👪	To engage in the ownership, development and management of real estate.						
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City State Zip City State Zip Manager Name Manager Name	Manager Name None.	Manager Name						
Manager Name Manager Name	Street Address	Street Address						
	City	State Zip	City	State	Zip			
Street Address Street Address	Manager Name Manager Name							
	Street Address	Street Address						
City State Zip City State Zip	City	State Zip	City	State	Zip			
Check the box to indicate 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 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.								
Name of Authorized Person Date	Name of Authorized Person			Date				
RICHARD J. CARDARELLI /0 · /5 , 2019	RICHARD J. CARDARELLI		10.15	, 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