



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

**FILED**  
**OCT 21 2019**  
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**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<br><b>1686136</b>   | 2. Exact name of the Limited Liability Company<br><b>31 GOGGESHALL AVE, LLC</b>                           |                                       |                       |
| 3. NAICS Code<br><b>531390</b>  | 4. Brief description of the character of business conducted in Rhode Island<br><b>REAL ESTATE HOLDING</b> |                                       |                       |
| 5. State of Formation<br><b>RI</b>  |   |                                       |                       |
| 6. Principal Office Address<br><b>122 TOURO STREET</b>  | City<br><b>NEWPORT</b>  | State<br><b>RI</b>                    | Zip<br><b>02840</b>   |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |   |                                       |                       |
| Contact Name <b>TURNER C. SCOTT</b>   |   | Contact Title <b>REGISTERED AGENT</b> |                       |
| Street Address <b>122 TOURO STREET</b>  | City <b>NEWPORT</b>   | State <b>RI</b>                       | Zip <b>02840</b>      |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |   |                                       |                       |
| Manager Name  |   | Manager Name                          |                       |
| Street Address  |   | Street Address                        |                       |
| City  | State   | Zip                                   | City                  |
| Manager Name  |   | Manager Name                          |                       |
| Street Address  |   | Street Address                        |                       |
| City  | State   | Zip                                   | City                  |
| 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.  |   |                                       |                       |
| <b>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.</b> |   |                                       |                       |
| Name of Authorized Person<br><b>MORTIMER B. BERKOWITZ III</b>   |   |                                       | Date<br><b>9-2-19</b> |
| Signature of Authorized Person<br>  |   |                                       | SIGN DOCUMENT HERE    |

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
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