



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

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.

**FILED**  
 OCT 21 2019  
 37897

|   |       |   |                             |                    |                     |
|---|-------|---|-----------------------------|--------------------|---------------------|
| 1. Entry ID Number<br><b>149007</b>   |       | 2. Exact name of the Limited Liability Company<br><b>41 CASTLE HILL 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>PAUL E. PRENOVEAU</b>   |       |   | Contact Title <b>MEMBER</b> |                    |                     |
| Street Address <b>421 HILL ROAD</b>   |       |   | City <b>HARWINTON</b>       | State <b>CT</b>    | Zip <b>06791</b>    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS  |       |   |                             |                    |                     |
| Manager Name<br><i>Same as above</i>  |       |   | Manager Name                |                    |                     |
| Street Address  |       |   | Street Address              |                    |                     |
| City  | State | Zip   | City                        | State              | Zip                 |
| Manager Name  |       |   | Manager Name                |                    |                     |
| Street Address  |       |   | Street Address              |                    |                     |
| City  | State | Zip   | City                        | State              | Zip                 |
| 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>PAUL E. PRENOVEAU</b>   |       |   |                             | Date               |                     |
| Signature of Authorized Person<br><i>Paul Prenoveau</i>   |       |   | 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