

FILED

OCT 24 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	2. Exact name of the Limited Liability Company					
000505030	East	Side	Vistas LL			
NAICS Code     4. Brief description of the character of business conducted in Rhode Island						
53110 Tours of DimMI PAGENDU A						
5-31110 Investment Duperty, Seasman C						
1 Production						
6. Principal Office Address	· ·		City	State	Zip	
141 Old Jourth City Rd.			Preston	CT	06365	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name There			Contact Title Manager			
Street Address 141 Old Jewett City Rd			City Preston	State	Zip 06363	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name To m The ve			Manager Name			
Street Address 141 Old Lewett City Rd.			Street Address			
city reston	State	<sup>210</sup> 6365	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zıp	
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 filling 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	Date	
Elizabeth There						
Signature of Authorized Person  Which Social Health						
Elizabeth a. Hove						

## MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov