



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

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 CORPORATIONS DIV

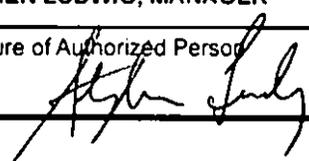
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FOR
 SECRETARY OF STATE
 OFFICE

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 001682618		2. Exact name of the Limited Liability Company Old North Road, LLC			
3. NAICS Code 531390		4. Brief description of the character of business conducted in Rhode Island To own, manage, develop, maintain, rehabilitate, renovate, finance, operate, lease, sell, convey, assign, mortgage or otherwise deal with such properties as the LLC may acquire from time to time and to carry on any other lawful business, trade, purpose or activity.			
5. State of Formation RHODE ISLAND					
6. Principal Office Address 265 OLD NORTH ROAD			City SOUTH KINGSTOWN	State RI	Zip 02881
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name STEPHEN LUDWIG			Contact Title MANAGER		
Street Address 265 OLD NORTH ROAD			City SOUTH KINGSTOWN	State RI	Zip 02881
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name STEPHEN LUDWIG			Manager Name		
Street Address 265 OLD NORTH ROAD			Street Address		
City SOUTH KINGSTOWN	State RI	Zip 02881	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.					
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 STEPHEN LUDWIG, MANAGER				Date 10/26/19	
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

FILED

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BY NX3ne
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