



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

STAMP

FOR SECRETARY OF STATE USE ONLY

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 117308		2. Exact name of the Limited Liability Company Castlemaine, LLC			
3. NAICS Code 53110		4. Brief description of the character of business conducted in Rhode Island purchase, hold and sell real estate and personal property			
5. State of Formation Rhode Island					
6. Principal Office Address 23 Lucas Avenue			City Newport	State RI	Zip 02840
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Timothy J. Brown			Contact Title		
Street Address 23 Lucas Ave			City Newport	State RI	Zip 02840
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	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 Timothy J. Brown				Date 10/30/19	
Signature of Authorized Person <i>Timothy J. Brown</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

FILED

 NOV 12 2019
 BY 1129

 FORM 632 - Revised: 08/2016