

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.

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1 Entity ID Number 1682911		2. Exact name of the Limited Liability Company SSRR, LLC					
3. NAICS Code	4. Brief des	Brief description of the character of business conducted in Rhode Island					
531390	Real Estate	Real Estate holding					
5. State of Formation		<b>1</b>					
RI				<u> </u>			
6 Principal Office Address			City	State	Zıp		
c/o Goelet LLC, 780 Third Ave, 17th FL			New York	NY	10017		
7. Mailing Address of Limited	Liability Compa	ny and Name or	Title of Contact Person				
Contact Name Thomas Antoshak			Contact Title				
Street Address c/o Goelet LLC, 780 Third Ave, 17th FL			City New York	State NY	<sup>Zip</sup> 10017		
8 List ALL managers (name	s and addresses	s) of the Limited	Liability Company, IF APPLICA	BLE - DO NOT LIST I	MEMBERS		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zıp		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
<del></del>			<u> </u>	Check the box to	indicate an attachment		
9. Resident Agent in Rhode I	sland. This inform	nation is currently	of record with the Department of S	tate. Changes require fitii	ng Form 642.		
Under penalty of perjury, I	declare and aff	irm that I have	examined this report, includi	ng any accompanyin	ng schedules and		
statements, and that all statements contained herein are true and correct.  Name of Authorized Person				Date	Date		
Thomas Antoshak				10/31/19			
Signature of Authorized Pers	ion //	# .::c	SALDOCUMENT 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