



2019 NOV 27 PM; 2:,06P

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.

to a state of the
5 - 1 F

. Entity ID Number 2. Exact name of the Limited Liability Company							
001662366	Lynn, LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
531120	Real Estate						
5. State of Formation							
Rhode Island							
6. Principal Office Address			City	State	Zip		
885 South Main Street			Pascoag	RI	02859		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name B. Jason Mountford		Contact Title					
Street Address 885 South Main Street		City Pascoag	Stato RI	^{Zip} 02859			
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 Namo			Manager Namo				
Street Address			Street Address				
City	State	Zip	City	State	Zlp		
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 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 Date							
B. Jason Mountford, Member				11/6	/2019		
Signature of Authorized Person 1/12/EL No.5/No.2/19/EL NO.5/No.2/19/EL							
0-111/10							

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 27 2019

BV 14392

FORM 632 - Revised 06/2017