



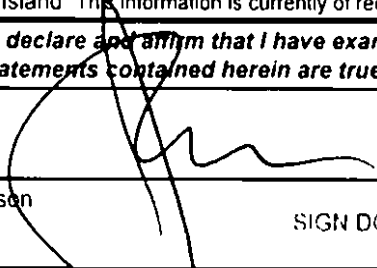
State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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 SECRETARY OF STATE  
 CORPORATIONS DIV

**Annual Report for the year: 2019**  
**Limited Liability Company**

2020 JAN 27 PM 3:55

- 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<br><b>001667444</b>   |       | 2. Exact name of the Limited Liability Company<br><b>THE CLARK MILL PROJECT, LLC</b>   |                              |                          |                     |
| 3. NAICS Code<br><b>531120</b>  |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>The LLC was created but no business was ever transacted.</b> |                              |                          |                     |
| 5. State of Formation<br><b>RI</b>  |       |  |                              |                          |                     |
| 6. Principal Office Address<br><b>c/o Jeffrey Marlowe 113 Memorial Blvd West</b>  |       |  | City<br><b>Newport</b>       | State<br><b>RI</b>       | Zip<br><b>02840</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |  |                              |                          |                     |
| Contact Name <b>Jeffrey Marlowe</b>   |       |  | Contact Title <b>Manager</b> |                          |                     |
| Street Address <b>113 Memorial Blvd West</b>  |       |  | City <b>Newport</b>          | State <b>RI</b>          | Zip <b>02840</b>    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |       |  |                              |                          |                     |
| Manager Name <b>Jeffrey Marlowe - see above</b>   |       |  | 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 The information is currently of record with the Department of State. Changes require filing Form 642.   |       |  |                              |                          |                     |
| <b>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.</b> |       |  |                              |                          |                     |
| Name of Authorized Person<br><b>Jeffrey Marlowe</b>   |       |  |                              | Date<br><b>1/27/2020</b> |                     |
| Signature of Authorized Person<br>   |       |  |                              | 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

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**JAN 27 2020**  
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