

Annual Report for the year: 2020 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.

FILED STAMP

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BY IM OS

1. Entity ID Number	In 5 .				
812295	2. Exact name of the Limited Liability Company MID - COVIE MARINA, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
7/3930			BUSINESS	ode Island	
5. State of Formation RHODE ISLAND	1117	,,0,,0			
6. Principal Office Address	 -	 -	City ,	States	Zip
40 SEMINOLE STREET			WARWICK	RI	02889
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name DONALD J. KRIKORIAN			Contact Title ONNIER		
Street Address/69 BEECHWOOD DRIVE			CITY (RAUSTOW)	State RT	Zip 02921
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Somo as along			Manager Name		
Street Address			Street Address		
City Zip			City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
			Ch	eck the box to ind	icate 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! have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Person					
DONALD J. KRIKORIAN Jeb. 28, 2020					
Signature of Authorized Person SIGNATURE S					
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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov