s s			
	tate of Rhode Island and Pro Office of the Secreta		ions Fee: \$50.00
	Division Of Business 148 W. River St Providence RI 0290	reet 4-2615	
HOPE	(401) 222-304	40	
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp n thirty (30) days after the time presci penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2019</u>		
1. ID No. <u>001661563</u>	3		
2. Exact Name of the Li	mited Liability Company Skyline a	t Waterplace, LLC.	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
the list of codes here. More	Code that best describes the primary e information on <u>NAICS</u> can be found		by the entity. Download
<u>722410</u>			
	e Character of the Business Which	is Actually Conduc	cted in Rhode Island
	e Character of the Business Which	is Actually Conduc	cted in Rhode Island
4. Brief Description of the		is Actually Conduc	cted in Rhode Island
4. Brief Description of the         EVENT VENUE         5. Principal Office Address         No. and Street:       1 F		-	cted in Rhode Island
4. Brief Description of the         EVENT VENUE         5. Principal Office Address         No. and Street:       1 F         City or Town:       PR	ss FINANCE WAY	Zip: <u>02903</u>	Country: <u>USA</u>
4. Brief Description of the         EVENT VENUE         5. Principal Office Address         No. and Street:       1 F         City or Town:       PR         6. Mailing Address of Lir         Contact Name:       MICHAE	ss FINANCE WAY OVIDENCE State: RI nited Liability Company and Name L MOTA Contact Title: MANAGER	Zip: <u>02903</u>	Country: <u>USA</u>
4. Brief Description of the         EVENT VENUE         5. Principal Office Address         No. and Street:       1 F         City or Town:       PR         6. Mailing Address of Line         No. and Street:       MICHAE         No. and Street:       1 F	ss FINANCE WAY OVIDENCE State: <u>RI</u> nited Liability Company and Name	Zip: <u>02903</u>	Country: <u>USA</u>
4. Brief Description of the         EVENT VENUE         5. Principal Office Address         No. and Street:       1 F         City or Town:       PR         6. Mailing Address of Lir         No. and Street:       1 F         Contact Name:       MICHAE         No. and Street:       1 F         City or Town:       PR	ss <u>INANCE WAY</u> <u>OVIDENCE</u> State: <u>RI</u> nited Liability Company and Name <u>L MOTA</u> Contact Title: <u>MANAGER</u> <u>INANCE WAY</u> <u>OVIDENCE</u> State: <u>RI</u> <u>Each Manager of the Limited Liab</u>	Zip: <u>02903</u> or Title of Contact Zip: <u>02903</u>	Country: <u>USA</u> Person: Country: <u>USA</u>
4. Brief Description of the         EVENT VENUE         5. Principal Office Addrest         No. and Street:       1 F         City or Town:       PR         6. Mailing Address of Line         No. and Street:       1 F         City or Town:       MICHAE         No. and Street:       1 F         Contact Name:       MICHAE         No. and Street:       1 F         City or Town:       PR         7. Name and Address of       MICHAE	ss <u>INANCE WAY</u> <u>OVIDENCE</u> State: <u>RI</u> nited Liability Company and Name <u>L MOTA</u> Contact Title: <u>MANAGER</u> <u>INANCE WAY</u> <u>OVIDENCE</u> State: <u>RI</u> <u>Each Manager of the Limited Liab</u>	Zip: <u>02903</u> or Title of Contact Zip: <u>02903</u> ility Company, if A	Country: <u>USA</u> Person: Country: <u>USA</u> pplicable.
4. Brief Description of the         EVENT VENUE         5. Principal Office Address         No. and Street:       1 F         City or Town:       PR         6. Mailing Address of Lir         Contact Name:       MICHAE         No. and Street:       1 F         City or Town:       PR         7. Name and Address of DO NOT LIST MEMBER	ss <u>OVIDENCE</u> State: <u>RI</u> nited Liability Company and Name <u>L MOTA</u> Contact Title: <u>MANAGER</u> <u>INANCE WAY</u> <u>OVIDENCE</u> State: <u>RI</u> <u>Each Manager of the Limited Liab</u>	Zip: <u>02903</u> or Title of Contact Zip: <u>02903</u> illity Company, if A Address, City or Town	Country: <u>USA</u> Person: Country: <u>USA</u> pplicable.

## 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

JOSEPH RICCI 1 FINANCE WAY PROVIDENCE , RI 02903

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 3 Day of April, 2020 at 12:04:52 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By MICHAEL MOTA

Signature of Authorized Person

Form No. 632 Revised 09/07

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