



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

**FILED**

MAY 23 2020

BY 425  
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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.

1. Entity ID Number <u>001684037</u>		2. Exact name of the Limited Liability Company <u>Three Sisters Studio, LLC</u>			
3. NAICS Code <u>531110</u>		4. Brief description of the character of business conducted in Rhode Island <u>real estate</u>			
5. State of Formation <u>Rhode Island</u>					
6. Principal Office Address <u>5 South of Commons</u>		City <u>Little Compton</u>	State <u>RI</u>	Zip <u>02837</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>LUCINDA SCOTT-KELLERMEIER</u>			Contact Title <u>Registered Agent</u>		
Street Address <u>5 SOUTH OF COMMONS</u>		City <u>LITTLE COMPTON</u>	State <u>RI</u>	Zip <u>02837</u>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <u>ELIZABETH EUSTIS</u>		Manager Name <u>MARY SHELDON SCOTT</u>			
Street Address <u>351 PINE HILL ROAD</u>		Street Address <u>4741 C 36th AVE. SOUTH</u>			
City <u>WESTPORT</u>	State <u>MA</u>	Zip <u>02790</u>	City <u>SEATTLE</u>	State <u>WA</u>	Zip <u>98118</u>
Manager Name <u>/</u>		Manager Name <u>/</u>			
Street Address <u>/</u>		Street Address <u>/</u>			
City <u>/</u>	State <u>/</u>	Zip <u>/</u>	City <u>/</u>	State <u>/</u>	Zip <u>/</u>
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
<i>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.</i>					
Name of Authorized Person <u>Elizabeth S. Eustis</u>				Date <u>10/18/2019</u>	
Signature of Authorized Person <u>Elizabeth S Eustis</u>				SIGN DOCUMENT HERE	

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
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 Website: www.sos.ri.gov