



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

FILED

AUG 26 2020

BY 001910

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.

1. Entity ID Number <u>001011418</u>		2. Exact name of the Limited Liability Company <u>Shorewood Apartments 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>DE</u>					
6. Principal Office Address <u>1776 Bicentennial Way</u>		City <u>North Providence</u>		State <u>RI</u>	Zip <u>02911</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name			Contact Title		
Street Address <u>63 Atlantic Avenue</u>			City <u>Boston</u>	State <u>MA</u>	Zip <u>02110</u>
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <u>Richard Bendetson</u>			Manager Name		
Street Address <u>63 Atlantic Avenue</u>			Street Address		
City <u>Boston</u>	State <u>MA</u>	Zip <u>02110</u>	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. 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 <u>Richard K. Bendetson as Manager of Shorewood</u> <u>Manager LLC as Manager of Shorewood Apartment LLC</u>					Date <u>8-20-20</u>
Signature of Authorized Person 					

MAIL TO:

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