



**State of Rhode Island
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2020

1. ID No. 000161878

2. Exact Name of the Limited Liability Company LAMPLIGHTER PROPERTIES, LLC

3. State of Formation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

531390

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

THE GENERAL CHARACTER OF THE BUSINESS OF THE LLC IS TO ENGAGE IN INVESTMENT, RENTAL, OWNERSHIP AND DEVELOPMENT OF REAL ESTATE AND INTERESTS THEREIN, INCLUDING BUYING, ACQUIRING, OWNING, OPERATING, SELLING, FINANCING, REFINANCING, DISPOSING OF AND OTHERWISE DEALING WITH INTERESTS IN REAL ESTATE, DIRECTLY OR INDIRECTLY THROUGH JOINT VENTURES, PARTNERSHIPS OR OTHER ENTITIES, AND ANY ACTIVITIES DIRECTLY OR INDIRECTLY RELATED OR INCIDENTAL THERETO; AND TO ENGAGE IN ANY OTHER ACTIVITY IN WHICH A LIMITED LIABILITY COMPANY ORGANIZED UNDER THE LAWS OF THE STATE OF RHODE ISLAND MAY LAWFULLY ENGAGE.

5. Principal Office Address

No. and Street: 125 BIRCHWOOD DRIVE
City or Town: SOUTH KINGSTOWN

State: RI Zip: 02879 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: DAVID MANCINI Contact Title:
No. and Street: 125 BIRCHWOOD DRIVE
City or Town: SOUTH KINGSTOWN State: RI Zip: 02879 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
-------	--	--

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

DAVID MANCINI 125 BIRCHWOOD DRIVE SOUTH KINGSTOWN , RI 02879

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

Signed this 9 Day of September, 2020 at 2:36:38 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 MARIE C. MANCINI
Signature of Authorized Person

Form No. 632
Revised 09/07

© 2007 - 2020 State of Rhode Island
All Rights Reserved