RI SOS Filing Number: 202053399960 Date: 9/8/2020 4:00:00 PM

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State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

2020

FILED

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Annual Report for the year: \_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	2. Exact name of the Limited Liability Company					
127765	PETER ROAD, LLC					
3. NAICS Code 531120	Brief description of the character of business conducted in Rhode Island     own and manage real estate					
5. State of Formation Rhode Island						
6. Principal Office Address	<u> </u>	<u>.                                    </u>	City	State	Zíp	
7 Peter Road			Bristol	RI	02809-0000	
7. Mailing Address of Limited Lia	ability Company a	and Name or Tit	le of Contact Person	-,		
Contact Name Paul J. Ferreira			Contact Title Manager			
Street Address 7 Peter Road			City Bristol	State R1	Zip 02809-0000	
8. List ALL managers (names a	nd addresses) of	the Limited Lia	bility Company, IF APPLICAE	BLE - DO NOT LIST M	EMBERS	
Manager Name Paul J. Ferreira			Manager Name Kendra J. Ferreira			
Street Address 38 ANCHORAGE CT. 345 Thames Street, Unit N486			Street Address 38 ANCHORAGE CT. 345 Thomas Street, Unit N 196			
City Bristol	State R1	Zip 02809	City	State	Zip	
Manager Name	KI	02009	Bristol Manager Name	R1	<u> </u>	
Street Address			Street Address			
City	State	Zip	City	State	Zıp	
				Check the box to inc	dicate an attachment	
9. Resident Agent in Rhode Isla	nd. This informatio	n is currently of re	ecord with the Department of Sta	ite. Changes require filing	Form 642.	
Under penalty of perjury, I dec statements, and that all states	clare and affirm ments contained	that I have exa I herein are tru	mined this report, includin e and correct.	g any accompanying	schedules and	
Name of Authorized Person				Date		
Paul J. Ferreira Manager				09/07	09/07/2020	
Signature of Authorized Person  Signature of Authorized Person  Signature of Authorized Person  Signature of Authorized Person						

MAIL TO:

**Division of Business Services** 

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

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