RI SOS Filing Number: 202053646370 Date: 9/10/2020 4:00:00 PM

(3)	State of Rhode Island Department of State - Business Services Division
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FILED

Annual Report for the year: $\underline{^{2020}}$ **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.

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	SEP	10	2020			
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BY_				ـــــــــــــــــــــــــــــــــــــــ		

2. Exact name of the Limited Liability Company								
EASTERN CAPITAL HOLDINGS, LLC.								
4. Brief descri	ption of the chara	character of business conducted in Rhode Island						
TO DEAL WITH REAL PROPERTY AND TO MAKE INVESTMENTS.								
		1						
DELAWARE								
		City .	State	Zip .				
		PROVIDENCE	RI	02906				
<u> </u>	and Name or Title		-					
NS .		Contact Title MANAGER						
I.		City PROVIDENCE	State RI	Zip ₀₂₉₀₆				
	of the Limited Liab	ility Company, IF APPLICABL	E - DO NOT LIST I	MEMBERS				
NS		Manager Name						
Street Address 99 GANO STREET			Street Address					
State RI	Zip 02906	City	State	Zip				
		Manager Name						
		Street Address						
State	Zip	City	State	Zip				
<u> </u>	1		Check the box to i	ndicate an attachment				
n currently of r	ecord with the RI	Department of State is accura	te. Changes requir	e filing Form 642.				
			any accompanyin	g schedules and				
Name of Authorized Person								
		August 31, 2020						
Signature of Authorized Person								
Patrick G. Collins Outs tregoting treats of Cottes Patrick G. Collins Outs tregoting treats on Cottes Outside Design Control Control Discontrol Control Discontrol Control Discontrol Control Discontrol Di								
	EASTERN CA 4. Brief descri TO DEAL W bility Company S T nd addresses) of NS T State RI State State On currently of nearts contained	EASTERN CAPITAL HOLDIN 4. Brief description of the chara TO DEAL WITH REAL PROP bility Company and Name or Title S T State RI Zip 02906 State Zip on currently of record with the RI lare and affirm that I have examents contained herein are true	A. Brief description of the character of business conducted in TO DEAL WITH REAL PROPERTY AND TO MAKE INVESTIGATION OF THE PROVIDENCE. City PROVIDENCE. Contact Trile MANAGER City PROVIDENCE Indiaddresses) of the Limited Liability Company. IF APPLICABL Manager Name Street Address State RI Zip 02906 City Manager Name Street Address State Zip City City City Manager Name Street Address State Zip City Cit	A Brief description of the character of business conducted in Rhode Island TO DEAL WITH REAL PROPERTY AND TO MAKE INVESTMENTS. City				

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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