



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

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIVISION

2020 SEP 18 PM 3:32  
USE ONLY

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 <b>160513</b>		2. Exact name of the Limited Liability Company <b>LAKESHORE PROPERTIES LLC</b>									
3. NAICS Code <b>531210</b>		4. Brief description of the character of business conducted in Rhode Island <b>To purchase, sell, lease and manage real estate and any other lawful business.</b>									
5. State of Formation <b>Rhode Island</b>											
6. Principal Office Address <b>871 High Street</b>				City <b>Central Falls</b>		State <b>RI</b>		Zip <b>02863</b>			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person											
Contact Name <b>Thomas R. Kennedy</b>					Contact Title <b>Member</b>						
Street Address <b>871 High Street</b>				City <b>Central Falls</b>		State <b>RI</b>		Zip <b>02863</b>			
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS											
Manager Name <b>None</b>				Manager Name							
Street Address				Street Address							
City		State		Zip		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.											
<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 <b>Thomas R. Kennedy</b>							Date <b>9/4/20</b>				
Signature of Authorized Person 							SIGN DOCUMENT HERE				

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

FILED

SEP 18 2020

BY CU 7B1E9  
3:32