	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S	treet	
HOPE	Providence RI 0290 (401) 222-30		
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp n thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2020</u>		
1. ID No. 000086810			
2. Exact Name of the Limited Liability Company FOUR CORNERS PROPERTIES, LLC			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>531110</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conduc	cted in Rhode Island
OWNERSHIP OF REAL ESTATE AND COMMERCIAL RENTAL OF PREMISES.			
5. Principal Office Addre	SS		
	52 MAIN ROAD		
	P.O. BOX 98ADAMSVILLEState: RIZip:02801Country:USA		
6. Mailing Address of Li	nited Liability Company and Name	or Title of Contact	Person:
Contact Name: Contact			
	<u>O. BOX 98</u> DAMSVILLE State: <u>RI</u>	Zip: <u>02801</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	A	ddress
MANAGER	First, Middle, Last, Suffix ROSALIND M. WEIR	Address, City or Town	n, State, Zip Code, Country
			OFFICE BOX 98 E, RI 02801 USA

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

ROSALIND M. WEIR 26 MAIN STREET P.O. BOX 98 ADAMSVILLE, RI 02801

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

Signed this 23 Day of September, 2020 at 10:43:33 AM 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 **ROSALIND WEIR**

Signature of Authorized Person

Form No. 632 Revised 09/07

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