	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S		
	Providence RI 0290		
HOPE	(401) 222-304	40	
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2020</u>		
1. ID No. <u>001688597</u>	7		
2. Exact Name of the Li	mited Liability Company Moore M	<u>fill, LLC</u>	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
-	Code that best describes the primary e information on <u>NAICS</u> can be found		e entity. Download
4. Brief Description of th	e Character of the Business Which	is Actually Conducted	in Rhode Island
OWN AND OPERATE	REAL ESTATE		
5. Principal Office Addre			
	33		
	ALDEN ST. SUITE 1		
City or Town: FAL	L <u>RIVER</u> State	: <u>MA</u> Zip: <u>02723</u>	Country: <u>USA</u>
6. Mailing Address of Lin	mited Liability Company and Name	e or Title of Contact Pers	son:
Contact Name: Contact	Title		
	. UNION ST. #206		
	/TUCKET State:	<u>RI</u> Zip: <u>02860</u> C	Country: <u>USA</u>
7. Name and Address of DO NOT LIST MEMBEI	Each Manager of the Limited Liab RS	ility Company, if Applic	able.
Title	Individual Name	Addres	S
	First, Middle, Last, Suffix	Address, City or Town, State	e, Zip Code, Country
MANAGER	CHRISTOPHER J. STARR	5 BRIGHTO BELMONT, MA 02	
MANAGER	CHRIS STARR	5 BRIGHTO	N STREET

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

JOHN J. GARRAHY, ESQ. 2088 BROAD STREET CRANSTON, RI 02905

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

**Signed this 30 Day of September, 2020 at 3:11:05 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 <u>KATIE TULLY</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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