



State of Rhode Island

## Department of State - Business Services Division

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.

FILED

SEP 30 2020

STAMP

BY

|                                                                                                                                                                                                      |       |                                                                                                    |                         |                 |              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------------------------------------------------------|-------------------------|-----------------|--------------|
| 1. Entity ID Number<br>000087362                                                                                                                                                                     |       | 2. Exact name of the Limited Liability Company<br>THAYER WATERMAN LLC                              |                         |                 |              |
| 3. NAICS Code<br>53 1110                                                                                                                                                                             |       | 4. Brief description of the character of business conducted in Rhode Island<br>Real Estate Rentals |                         |                 |              |
| 5. State of Formation<br>RI                                                                                                                                                                          |       |                                                                                                    |                         |                 |              |
| 6. Principal Office Address<br>144 Waterman Street Suite 6                                                                                                                                           |       |                                                                                                    | City<br>Providence      | State<br>RI     | Zip<br>02906 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |       |                                                                                                    |                         |                 |              |
| Contact Name<br>Kenneth R Dulgarian                                                                                                                                                                  |       |                                                                                                    | Contact Title<br>Member |                 |              |
| Street Address<br>144 Waterman Street Suite 6                                                                                                                                                        |       |                                                                                                    | City<br>Providence      | State<br>RI     | Zip<br>02906 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                     |       |                                                                                                    |                         |                 |              |
| Manager Name                                                                                                                                                                                         |       |                                                                                                    | 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. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                  |       |                                                                                                    |                         |                 |              |
| 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. |       |                                                                                                    |                         |                 |              |
| Name of Authorized Person<br>Kenneth R Dulgarian                                                                                                                                                     |       |                                                                                                    |                         | Date<br>9-24-20 |              |
| Signature of Authorized Person<br>                                                                                                                                                                   |       |                                                                                                    |                         |                 |              |

## MAIL TO:

Division of Business Services

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