

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.

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, <del>,</del>	FILED
	SEP 30 2020 STAMP
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1. Entity ID Number	2. Exact name of the Limited Liability Company						
000087362	THAYER WATERMAN LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
53 111 ()	Real Estate Rentals						
5. State of Formation	=						
RI							
6. Principal Office Address			City	State	Zip		
144 Waterman Street Suite 6			Providence	RI	02906		
7. Mailing Address of Limited Lia		y and Name o		··			
Contact Name Kenneth R Dulgarian			Contact Title Member				
Street Address 144 Waterman Street Suite 6			City Providence	State RI	<sup>Z<sub>1</sub>p</sup> 02906		
8. List ALL managers (names a	nd addresses)	of the Limited	Liability Company, IF APPLICA	BLE - DO NOT LIST	MEMBERS		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
		<u>.l</u>		Check the box to	indicate an attachment		
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				Date	Date		
Kenneth R Dulgarian				9.24-20			
Signature of Authorized Person							
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MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

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