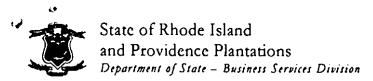
RI SOS Filing Number: 202060237820 Date: 9/30/2020 4:00:00 PM



148 W. River Street Providence, RI 02904-2615 401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

Filing Period: September 1 - November 1 - Filing Fee: \$50.00\* - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK. \*In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (DICI 7.16.66 (b&ol) is subject to a

. ID No. 001598093	2. Exact name of the limited liability company Rear Land, LLC			1 100 1/2	5312
4. Brief description eal estate hol	of the character of the busin	ness which is actually con	Rhode Island  5. State of Forma Rhode Islan		•
6. Principal office address 7255 Post Road, Apt. 14			City North Kingstown	State RI	7.ip 02852
	RESS OF LIMITED LIAB	BILITY COMPANY AN	D NAME OR TITLE OF CONTACT P	ERSON:	
Contact Name  John C. Becker V			Contact Title  Member		
7255 Post Road, Apt. 14			City North Kingstown	State RI	2 <i>ip</i> 02852
8 NAME AND ADI	DEFEC OF FACILITIES	CED OF THE LINES	D 1 1 - D31 1831 COLED - 1311 15 - DD1 10		
Manager Name	FILL IN SPACE	ES BEFORE USING AT	D LIABILITY COMPANY, IF APPLIC TACHMENTS ("X" BOX FOR AT Manager Name		LISI MEMBERS
	FILL IN SPACE	ES BEFORE USING AT	TACHMENTS ("X" BOX FOR AT		LISI MEMBER
Manager Name	FILL IN SPACE	Zip	TACHMENTS ("X" BOX FOR AT  Manager Name		Zip MEMBEK
Manager Name  Street Address  City	FILL IN SPACE	ES BEFORE USING AT	TACHMENTS ("X" BOX FOR AT  Manager Name  Street Address	TACHMENT)	
Manager Name Street Address	FILL IN SPACE	ES BEFORE USING AT	TACHMENTS ("X" BOX FOR AT  Manager Name  Street Address  City	TACHMENT)	
Manager Name  Street Address  City  Manager Name	FILL IN SPACE	ES BEFORE USING AT	TACHMENTS ("X" BOX FOR AT  Manager Name  Street Address  City  Manager Name	TACHMENT)	
Manager Name  Street Address  City  Manager Name  Street Address  City	State	Zip	TACHMENTS ("X" BOX FOR AT  Manager Name  Street Address  Manager Name  Street Address	State	Zip

## **FILED**

FOR SECRETARY OF STATE USE ONLY

	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements
File Date	contained herein are true and correct.
Check No.	Signature of Authorized Person Date

SEP 30 2020 repart must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

John C. Becker V, Member

Print or Type Name of Authorized Person