



State of Rhode Island and Providence Plantations  
 Department of State - Business Services Division

**FILED**

SEP 30 2020

BY

*[Handwritten signature]*

**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.

|   |       |  |                    |                          |     |
|---|-------|--|--------------------|--------------------------|-----|
| 1. Entity ID Number<br><b>1688702</b>   |       | 2. Exact name of the Limited Liability Company<br><b>75 Dike Street LLC</b>  |                    |                          |     |
| 3. NAICS Code<br><b>531110</b>  |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Holding real estate and development.</b> |                    |                          |     |
| 5. State of Formation<br><b>Rhode Island</b>  |       |  |                    |                          |     |
| 6. Principal Office Address<br><b>75 Dike Street</b>  |       | City<br><b>Providence</b>  | State<br><b>RI</b> | Zip<br><b>02909</b>      |     |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |  |                    |                          |     |
| Contact Name <b>Robert E. O'Donnell</b>   |       |  | Contact Title      |                          |     |
| Street Address <b>75 Dike Street</b>  |       | City <b>Providence</b>   | State <b>RI</b>    | Zip <b>02909</b>         |     |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS  |       |  |                    |                          |     |
| Manager Name <b>N/A</b>   |       | Manager Name <b>N/A</b>  |                    |                          |     |
| Street Address  |       | Street Address   |                    |                          |     |
| City  | State | Zip  | City               | State                    | Zip |
| Manager Name <b>N/A</b>   |       | Manager Name <b>N/A</b>  |                    |                          |     |
| Street Address  |       | Street Address   |                    |                          |     |
| City  | State | Zip  | City               | State                    | Zip |
| Check the box to indicate an attachment <input type="checkbox"/>  |       |  |                    |                          |     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.   |       |  |                    |                          |     |
| <b>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.</b> |       |  |                    |                          |     |
| Name of Authorized Person<br><b>Robert E. O'Donnell</b>   |       |  |                    | Date<br><b>✓ 9.25.20</b> |     |
| Signature of Authorized Person<br><i>[Handwritten Signature]</i>  |       |  |                    |                          |     |

**MAIL TO:**  
 Division of Business Services  
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