RI SOS Filing Number: 202060253460 Date: 9/30/2020 4:00:00 PM



State of Rhode Island and Providence Plantations

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.

SEP 30 2020

1. Entity ID Number 1674315		2. Exact name of the Limited Liability Company SHERRI'S COME ALONG INN LLC				
5. State of Formation Rhode Island	2 1	escription of the c	ed in Rhode Island			
6. Principal Office Address			City	State	Zip	
36 Williams Crossing Road			Greene	RI	02827	
7. Mailing Address of Limite	d Liability Comp	any and Name o				
Contact Name Kenneth A. P.	age		Contact Title Member			
Street Address 36 Williams Crossing Road			City Greene	State RI	Zip 02827	
8. List ALL managers (name	es and addresse	s) of the Limited	Liability Company, IF APPLICA	ABLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name		**	Manager Name	I		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
			<u>-</u> l	Check the box to	indicate an attachment	
9. Resident Agent in Rhode	Island. This infor	mation is currently	of record with the Department of S	tate. Changes require fili	ng Form 642	
Under penalty of perjury, I statements, and that all sta	declare and aft	firm that I have	examined this report, includi	ing any accompanyin	ng schedules and	
Name of Authorized Person	-			Date		
Kenneth A. Page				9/2	23/2020	
Signature of Authorized Pers	son	K S'C	DO LIMENT HERE			
		(7)			

MAIL TO:

Division of Business Services

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

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