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SEP 3 0 2020

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

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _____ 2020 _____

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 (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.

1. ID No.	2. Exact name of the limited liability company	3. NAICS Code
001700803	584 Beach Avenue, LLC	531110

4. Brief description of the character of the business which is actually conducted in Rhode Island	5. State of Formation
real estate holding	Rhode Island

6. Principal office address	City	State	Zip
584 Beach Avenue	Block Island	RI	02807

7. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
Kristina L. Peterson	Manager		
Street Address	**City**	**State**	**Zip**
584 Beach Avenue	Block Island	RI	02807

8. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS   ("X" BOX FOR ATTACHMENT) ☐

Manager Name			Manager Name		
Kristina L. Peterson			Stuart P. Shillaber		
Street Address			**Street Address**		
584 Beach Avenue			584 Beach Avenue		
City	**State**	**Zip**	**City**	**State**	**Zip**
Block Island	RI	02807	Block Island	RI	02807
Manager Name			**Manager Name**		
Street Address			**Street Address**		
City	**State**	**Zip**	**City**	**State**	**Zip**

9. RESIDENT AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 – R.I.G.L. 7-16-11 Orson and Brusini Ltd.

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

File Date _____
Check No. _____
By: _____
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 contained herein are true and correct.

Signature of Authorized Person   9/22/20
                                          Date

Kristina L. Peterson, Manager

Print or Type Name of Authorized Person

Form 632 Rev. 08/08