RI SOS Filing Number: 202061640340 Date: 10/1/2020 4:00:00 PM



State of Rhode Island

## **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.

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| Entity ID Number   | 2. Exact name of the Limited Liability Company                              |                |                                   |                |              |  |  |
|--|---|----------------|-----------------------------------|----------------|--------------|--|--|
| 000792830  | AR Demenuners LC  |                |                                   |                |              |  |  |
| 3. NAICS Code  | 4. Brief description of the character of business conducted in Rhode Island |                |                                   |                |              |  |  |
| 531190<br>5. State of Formation  | oun and maintain property of the<br>nomeowners                              |                |                                   |                |              |  |  |
| 6. Principal Office Address  | ck A  | Jenue          | Coven try                         | State<br>R 1   | Zip<br>02816 |  |  |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |   |                |                                   |                |              |  |  |
| Contact Name Pattie TIRAER   |   |                | Contact Title Gioccial Controller |                |              |  |  |
| Street Address<br>2000 Warwick Aven  |   |                | city Warwick                      | State R 1      | Zip 02816    |  |  |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS   |   |                |                                   |                |              |  |  |
| Manager Name Bruce Beachamp  |   | Manager Name   |                                   |                |              |  |  |
| Street Address 276 Aucho Rd  |   | Street Address |                                   |                |              |  |  |
| Conventain   | State R 1   | Zip<br>(12816  | City                              | State          | Zıp          |  |  |
| Manager Namo   |   | Manager Name   |                                   |                |              |  |  |
| Street Address   |   | Street Address |                                   |                |              |  |  |
| City   | State   | Zip            | City                              | State          | Zıp          |  |  |
| 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  Attu   WWG  |   |                |                                   | Dale 9123/2020 |              |  |  |
| Signature of Authorized Person  Mukayung Agent   |   |                |                                   |                |              |  |  |

MAIL TO:

Division of Business Services

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

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