Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing						
148 W. River Street Providence RI 02904-2615 (401) 222-3040    Limited Liability Company Annual Report    Filing Period: September 1 - November 1    International Company Annual Report    Filing Period: September 1 - November 1    International Company failing or refusing the iso iso annual report with hird (20) days after the time prescribed by law (R.I.G.L. 7- 10-66(b&c)) is subject to a penalty fee of \$25.00.    ANNUAL REPORT YEAR: 2020    1. ID No. 001685153    2. Exact Name of the Limited Liability Company 94-96 Warner Street LLC    3. State of Formation    State: RI    2. ARTICLE II    Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online.    331110    4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island REAL ESTATE PROPERTY RENTALS    State: RI    State: RI    State: RI    State: SI    State: SI    State: SI    State: SI     State: SI				Fee: \$50.00		
Providence RI 02904-2615 (401) 222-3040    Limited Liability Company Annual Report    Filing Period: September 1 - November 1    In accordance with R.1 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(bGc)) is subject to a penalty fee of \$25.00.    ANNUAL REPORT YEAR: 2020    1. ID No.  001685153    2. Exact Name of the Limited Liability Company 94-96 Warner Street LLC    3. State of Formation    State: RI    ARTICLE III    Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online.    531110    4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island    REAL ESTATE PROPERTY RENTALS    5. Principal Office Address    No. and Street: <u>640 THAMES STREET</u> City or Town: <u>Country: USA</u> 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:    No. and Street: <u>DO BOX 127</u> City or Town:    Contact Title: No. and Street: <u>DO BOX 127</u> City or Town: <u>SHERBORN</u> State: MA  Zip: <u>01770</u> Country: USA  Co						
(401) 222-3040    Limited Liability Company Prime Period: September 1 - November 1    In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to lie 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.    ANNUAL REPORT YEAR: 2020    1. ID No. 001685153    2. Exact Name of the Limited Liability Company 94-96 Warner Street LLC    3. State of Formation    State: RI    ARTICLE III    Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online.    531110    4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island    REAL ESTATE PROPERTY RENTALS    5. Principal Office Address    No. and Street: 640 THAMES STREET City or Town: NEWPORT State: MA zip: 01770 Country: USA    6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:    Contact Name: RYAN DEBIN Contact Title: No. and Street: PO BOX 127    OM EXT DEBIN    State: MA zip: 01770 Country: USA    The Models Last, Suffix<						
Limited Liability Company Annual Report Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to lie its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&0) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2020 1. ID No. 001685153 2. Exact Name of the Limited Liability Company 94-96 Warner Street LLC 3. State of Formation State: RI Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online. 531110 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island REAL ESTATE PROPERTY RENTALS 5. Principal Office Address No. and Street: 640 THAMES STREET City or Town: NEWPORT State: RI Zip: 02840 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: RVAN DEBIN Contact Title: No. and Street: DO BOX 127 City or Town: SHERBORN State: MA Zip: 01770 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name Address. City or Town. State. 20 code. country: USA Address. City or Town. State: Namager of the Limited Liability Company. Free Madress Text Medde. Last, Suffix Address. City or Town. State. 20 p Code. country: USA	HOPE					
Annual Report    Filing Period: September 1 - November 1    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.    ANNUAL REPORT YEAR: 2020    1. ID No. 001685153    2. Exact Name of the Limited Liability Company 94-96 Warner Street LLC    3. State of Formation    State: RI    ARTICLE III    Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online.    531110    4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island    REAL ESTATE PROPERTY RENTALS    5. Principal Office Address    No. and Street:  640 THAMES STREET    City or Town:  NEWPORT  State: RI  Zip: 02840  Country: USA    6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:    Contact Name: PO BOX 127    City or Town:  State: MA  Zip: 01770  Country: USA    Title Individual Name Address     First, Middie, Last, Suffi	Limited Liability Com	nany				
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.    ANNUAL REPORT YEAR: 2020	Annual Report					
to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 10-86(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2020 1. ID No. 001685153 2. Exact Name of the Limited Liability Company 94-96 Warner Street LLC 3. State of Formation State: RI ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. 531110 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island REAL ESTATE PROPERTY RENTALS 5. Principal Office Address No. and Street: 640 THAMES STREET City or Town: NEWPORT State: RI Zip: 02840 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: RYAN DEBIN Contact Title: No. and Street: PO BOX 127 City or Town: SHERBORN State: MA Zip: 01770 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name Address Address City or Town, State, Zip Code, Country: USA	Filing Period: September 1 - November 1					
1. ID No.  001685153    2. Exact Name of the Limited Liability Company 94-96 Warner Street LLC    3. State of Formation    State: RI    ARTICLE III    Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.    531110    4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island    REAL ESTATE PROPERTY RENTALS    5. Principal Office Address    No. and Street:  640 THAMES STREET    City or Town:  NEWPORT  State: RI  Zip: 02840  Country: USA    6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:    Contact Name: RYAN DEBIN Contact Title:    No. and Street:  PO BOX 127    City or Town:  SHERBORN  State: MA  Zip: 01770  Country: USA    Title  Individual Name    Address, City or Town, State, Zip Code, Country    Manage of the Limited Liability Company, if Applicable.    DO NOT LIST MEMBERS	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.					
2. Exact Name of the Limited Liability Company 94-96 Warner Street LLC    3. State of Formation State: RI    ARTICLE III    Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.    531110    4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island    REAL ESTATE PROPERTY RENTALS    5. Principal Office Address    No. and Street:  640 THAMES STREET    City or Town:  NEWPORT    State: RI    Contact Name:    No. and Street:    PO BOX 127    City or Town:    SHERBORN    State: MA    Zip: 01770    Country: USA    Title    Address of Each Manager of the Limited Liability Company, if Applicable.    DO NOT LIST MEMBERS    Title  Individual Name    Address, City or Town, State, Zip Code, Country    Manager of the Limited Liability Company, if Applicable.    DO NOT LIST	ANNUAL REPORT YEAR: 2020					
3. State of Formation    State: RI    ARTICLE III    Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.    531110    4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island    REAL ESTATE PROPERTY RENTALS    5. Principal Office Address    No. and Street:    640 THAMES STREET    City or Town:    NEWPORT    State: RI  Zip: 02840    Country: USA    6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:    Contact Name:    RYAN DEBIN Contact Title:    No. and Street:  PO BOX 127    City or Town:  SHERBORN  State: MA  Zip: 01770  Country: USA    Title    Name and Address of Each Manager of the Limited Liability Company, if Applicable.    DO NOT LIST MEMBERS    Title  Individual Name  Address    First. Middle, Last, Suffix <t< td=""><td colspan="5"><b>1. ID No.</b> <u>001685153</u></td></t<>	<b>1. ID No.</b> <u>001685153</u>					
State: RI    ARTICLE III    Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online.    531110    A Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island    REAL ESTATE PROPERTY RENTALS    5 Principal Office Address    No. and Street:  640 THAMES STREET    City or Town:  NEWPORT  State: RI  Zip: 02840  Country: USA    6 Mailing Address of Limited Liability Company and Name or Title of Contact Person:    Contact Name:    RYAN DEBIN Contact Title:    No. and Street:  PO BOX 127    City or Town:  SHERBORN  State: MA  Zip: 01770  Country: USA    Title    Individual Name  Address    Moderess    Title  Individual Name    First, Middle, Last, Suffix    Address City or Town, State, Zip Code, Country    Manager    RYAN DEBIN    Contact Title:						

## 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

AMANDA FEENEY 640 THAMES STREET, OFFICE NEWPORT , RI 02840

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

**Signed this 5 Day of October, 2020 at 10:57:47 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By ALEXA GOLDIN

Signature of Authorized Person

Form No. 632 Revised 09/07

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