	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business	Services	
	148 W. River S		
	Providence RI 0290 (401) 222-304		
HOPE			
Limited Liability Con	npany		
Annual Report Filing Period: September 1	- November 1		
n accordance with RIGI	7-16-66(d), each limited liability com	any failing or refusing	
	nin thirty (30) days after the time presc		
16-66(b&c)) is subject to a	penalty fee of \$25.00.		
ANNUAL REPORT YEAR	: <u>2020</u>		
1. ID No. <u>00027685</u>	<u>1</u>		
2. Exact Name of the L	imited Liability Company OCEAN	CLUB PROPERTIES	<u>, LLC</u>
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
-	Code that best describes the primary re information on <u>NAICS</u> can be found	-	he entity. Download
4 Brief Description of t	he Character of the Business Which	is Actually Conducted	t in Rhode Island
		To Actually Conductor	
OWN, SELL AND MA	NAGE REAL ESTATE		
· · ·			
5. Principal Office Addro	ess		
No. and Street: 189	WATCH HILL ROAD		
		te: RI Zip: 02891	G
	<u>STERLY</u> Sta	te: <u>RI</u> Zip: <u>02891</u>	Country: <u>USA</u>
City or Town: WE	STERLY Sta		•
City or Town: WE	imited Liability Company and Name		•
City or Town: WE 6. Mailing Address of L Contact Name: Contact No. and Street: <u>189</u>	imited Liability Company and Name Title: WATCH HILL ROAD	or Title of Contact Pe	rson:
City or Town: WE 6. Mailing Address of L Contact Name: Contact No. and Street: <u>189</u>	imited Liability Company and Name Title: WATCH HILL ROAD		•
City or Town: WE 6. Mailing Address of L Contact Name: Contact No. and Street: 189 City or Town: WES	imited Liability Company and Name Title: WATCH HILL ROAD STERLY State f Each Manager of the Limited Liak	e or Title of Contact Pe e: <u>RI</u> Zip: <u>02891</u>	Country: <u>USA</u>
City or Town: WE 6. Mailing Address of L Contact Name: Contact No. and Street: 189 City or Town: WES 7. Name and Address of	imited Liability Company and Name Title: WATCH HILL ROAD STERLY State f Each Manager of the Limited Liak	e or Title of Contact Pe e: <u>RI</u> Zip: <u>02891</u>	rson: Country: <u>USA</u> icable.

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

JILL M. SCOLA 189 WATCH HILL ROAD WESTERLY, RI 02891

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 2:50:50 PM 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 <u>JILL M. SCOLA</u> Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2020 State of Rhode Island All Rights Reserved