

## **Business Services Division**

FILED

OCT 05 2020

## Annual Report for the year: $\frac{2020}{}$ **Limited Liability Company**

 $\rightarrow$  Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

Entity ID Number	2. Exact na	2. Exact name of the Limited Liability Company				
001338173	James Pond	James Pond Realty Company, LLC				
3. NAICS Code 53 WO		4. Brief description of the character of business conducted in Rhode Island Own, operate and manage property in Exeter and Richmond, RI				
5. State of Formation RI						
6. Principal Office Address			City	State	Zip	
90 Elm Street			Providence	RI	02903	
7. Mailing Address of Limited		iny and Name o	r Title of Contact Person			
Contact Name Robert N. Gaumont			Contact Title			
Street Address 90 Elm Street			City Providence	State RI	<sup>Zip</sup> 02903	
8. List <b>ALL</b> managers (name	s and addresses	s) of the Limited	Liability Company, IF APPLICAL	BLE - DO NOT LIST	MEMBERS	
Manager Name Sound Williams			Manager Name			
Street Address			Street Address			
C ty	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
	<u> </u>	· · · · · · · · · · · · · · · · · · ·		Check the box to	indicate an attachment	
9. The Resident Agent inform	nation currently o	of record with the	e RI Department of State is accu	urate. Changes requir	re filing Form 642.	
Under penalty of perjury, I statements, and that all sta	declare and aff	īrm that I have ined herein are	examined this report, including true and correct.	ng any accompanyir	ng schedules and	
Name of Authorized Person				Date	10/	
Robert N. Gaumont				9/19/2020		
Signature of Authorized Pers	Hay	e XI				

MAIL TO:

**Division of Business Services** 

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

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