



State of Rhode Island
Department of State - Business Services Division

FILED STAMP

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.

OCT 06 2020 FOR THE STATE OF RHODE ISLAND
 BY 20515 DS

1. Entity ID Number 001701250		2. Exact name of the Limited Liability Company Norsemen, LLC			
3. NAICS Code <u>531110</u>		4. Brief description of the character of business conducted in Rhode Island Real Estate			
5. State of Formation Rhode Island					
6. Principal Office Address 39 Last Street		City Tiverton	State RI	Zip 02878	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Linnea J. Bjornson		Contact Title Manager			
Street Address 39 Last Street		City Tiverton	State RI	Zip 02878	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Linnea J. Bjornson		Manager Name			
Street Address 39 Last Street		Street Address			
City Tiverton	State RI	Zip 02878	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
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 Eric C. Bjornson				Date September 25, 2020	
Signature of Authorized Person 					

MAIL TO:
 Division of Business Services
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