State of Rhode Island
Department of State - Business Services Division

FILED
OCT 06 2020 AMP
BY SECRETARY OF STATE

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.

1. Entity ID Number	2. Exact name of the Limited Liability Company		
663900	LAKESHORE ASSOCIATES, LLC		
3. NAICS Code: 531390	4. Brief description of the character of business conducted in Rhode Island: buying, selling and holding of real estate		
5. State of Formation: Rhode Island			
6. Principal Office Address: 491 Kilvert Street	City: Warwick	State: RI	Zip: 02886

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name: John D. Biafore	Contact Title: Attorney		
Street Address: 253 Main Street	City: East Greenwich	State: RI	Zip: 02818

8. List **ALL** managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**

Manager Name: Edmund D. Fuller, III			Manager Name		
Street Address: 491 Kilvert Street			Street Address		
City: Warwick	State: RI	Zip: 02882	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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	Date
Edmund D. Fuller, III	9-28-2020
Signature of Authorized Person: Edmund D Fuller III	

MAIL TO:
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