



Department of State - Business Services Division

FILED

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.

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|  |          |  |                                       |                         |              |
|--|----------|--|---------------------------------------|-------------------------|--------------|
| 1. Entity ID Number<br>001684037   |          | 2. Exact name of the Limited Liability Company<br>Three Sisters Studio LLC |                                       |                         |              |
| 3. NAICS Code<br>531110  |          | 4. Brief description of the business<br><u>Real estate</u>                 |                                       |                         |              |
| 5. State of Formation<br>Rhode Island  |          |  |                                       |                         |              |
| 6. Principal Office Address<br>5 South of Commons Rd.  |          | City<br>Little Compton   |                                       | State<br>RI             | Zip<br>02834 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |          |  |                                       |                         |              |
| Contact Name Lucinda Scott-Kellermeyer   |          |  | Contact Title Registered Agent        |                         |              |
| Street Address 5 South of Commons Rd.  |          | City Little Compton  |                                       | State RI                | Zip 02837    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS   |          |  |                                       |                         |              |
| Manager Name Elizabeth S. Eustis   |          |  | Manager Name Mary S. Scott            |                         |              |
| Street Address 351 Pine Hill Road  |          |  | Street Address 2014 9th Ave - 3rd Flr |                         |              |
| City Westport  | State MA | Zip 02790  | City Seattle                          | State WA                | Zip 98118    |
| 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<br>Elizabeth S. Eustis<br><u>Elizabeth S. Eustis</u>   |          |  |                                       | Date<br>October 1, 2020 |              |
| Signature of Authorized Person   |          |  |                                       |                         |              |

MAIL TO:

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02804-2815  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)