	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River St		
HOPE	Providence RI 0290 (401) 222-304		
imited Liability Com			
	7-16-66(d), each limited liability comp n thirty (30) days after the time presc		
ANNUAL REPORT YEAR:	2020		
1. ID No. <u>001702575</u>			
2. Exact Name of the Lir	nited Liability Company <u>184 Peck</u>	tham LLC	
3. State of Formation			
State: <u>DE</u>			
	ARTICLE III		
0	Code that best describes the primary e information on <u>NAICS</u> can be found		
4. Brief Description of the	e Character of the Business Which	is Actually Conducted	in Rhode Island
	EVELOP, CONSTRUCT, REHA		· · ·
/ / /	<u>DPERATE, LEASE, SELL, CONV</u> FATE AND TO CARRY ON ANY		
	JRPOSE OR ACTIVITY.	KELATED OK UNK	LATED LAWFOL
5. Principal Office Addres	SS		
No. and Street: <u>347 C</u>	ONGRESS STREET		
City or Town: BOST	<u>FON</u> State	: <u>MA</u> Zip: <u>02210</u>	Country: <u>USA</u>
6. Mailing Address of Lin	nited Liability Company and Name	or Title of Contact Per	son:
Contact Name: Contact	Title:		
	ONGRESS STREET		
City or Town: BOST	<u>UN</u> Stat	e: <u>MA</u> Zip: <u>02210</u>	Country: <u>USA</u>
7. Name and Address of DO NOT LIST MEMBER	Each Manager of the Limited Liab S	ility Company, if Applic	cable.
Title	Individual Name	Addre	SS
	First, Middle, Last, Suffix	Address, City or Town, Sta	te, Zip Code, Country

ALAN E. LEWIS

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

NATIONAL REGISTERED AGENTS, INC. 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE, RI 02914

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 9 Day of October, 2020 at 3:10:15 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 ALAN E. LEWIS

Signature of Authorized Person

Form No. 632 Revised 09/07

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