	State of Rhode Island Department of S			
(CO)	Department of			

State - Business Services Division

STAMP

Annual Report for the year: $\frac{202}{2}$	ort for the year: $\frac{2020}{100}$
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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 000138289	2. Exact name of the Limited Liability Company Shoroline Holdings, LLC						
	<u> </u>	Shoreline Holdings, LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island						
55114	Holding company						
5 State of Formation							
RI							
6 Principal Office Address			City	State	Zip		
90 Elm Street			Providence	RI	02903		
7. Mailing Address of Limited Li	ability Compa	any and Name o	r Title of Contact Person	-			
Contact Name Paul W. Whyte			Contact Title	Contact Title			
Street Address 90 Elm Street			City Providence	State RI	^{Zip} 02903		
	ind addresse	s) of the Limited	Liability Company, IF APPLICAL	BLE - DO NOT LIST	MEMBERS		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Ζιρ	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
C ty	State	Zip	City	State	Zip		
				Check the box to	indicate an attachment		
9. The Resident Agent informati	on currently o	of record with the	e RI Department of State is accu	rate. Changes requir	e filing Form 642.		
Under penalty of perjury, I de statements, and that all state	clare and aff ments conta	irm that I have ined herein are	examined this report, including true and correct.	ng any accompanyin	g schedules and		
Name of Authorized Person Date 7					<i>j į</i>		
Paul W. Whyte			10	/3/20			
Signature of Authorized Person () auch W. Lety							
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MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov OCT 0 8 2020 VM