

State of Rhode Island

Department of State - Business Services Division

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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Entity ID Number	2. Exact name of the Limited Liability Company					
97747	Eaglemere Associates, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
531390	To acquire, develope, lease, sell or deal in real estate.					
5. State of Formation	1					
Rhode Island						
6. Principal Office Address	<u>. </u>		City	State	Zip	
75 Federal Street, Suite 2105			Boston	MA	02110	
7. Mailing Address of Limited Lia	bility Company	and Name or Tit		· · · · · · · · · · · · · · · · · · ·		
Contact Name Daniel G. Sarles			Contact Little Manager			
Street Address 10 Bowdoin Street. Apt 416			City Boston	State MA	Z _I p 02114	
8. List ALL managers (names ar	nd addresses)	of the Limited Lia	bility Company, IF APPLIC	ABLE - DO NOT LIST MI	EMBERS	
Manager Name Daniel G. Sarles		Manager Name Elizabeth Dias				
Street Address 10 Bowdoin Street, Apt 416		Street Address 4510 Longhorn				
City Boston	State MA	Zip 02114	City Bow Mar	State CO	Zrp 80123	
Manager Name Kathryn Garvey			Manager Name			
Street Address 37 Greenwood Street		Street Address				
^{City} Sherbern	State MA	Zıp 01770	City	State	Zıp	
	*			Check the box to inc	dicate an attachment	
9. The Resident Agent information	on currently of	record with the R	Department of State is ac	curate, Changes require	filing Form 642.	
Under penalty of perjury, I dec statements, and that all staten			-	ing any accompanying	schedules and	
Name of Authorized Person			Date	Date		
Daniel G. Sarles			10/06/202	10/06/2020		
Signature of Authorized Person	8					

FILED

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 9 2020 VM

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