**STAMP** 

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	To Event no	مغرمين المحافة أوم ومعد	ad Labelita Casasasa			
<b>,</b>	2. Exact name of the Limited Liability Company					
792760	Clock Tower Square, LLC					
3 NAICS Code	4 Brief description of the character of business conducted in Rhode Island					
531390	Management of Real Estate					
5 State of Formation	1					
RI						
Principal Office Address			City	State	Zıp	
) Graham Way			East Greenwich	RI	02818	
7 Mailing Address of Limited Lia	ability Compa	iny and Name or				
Contact Name Thomas Graul		Contact Title Member/Agent				
Street Address 60 Graham Way		•	City East Greenwich	State RI	Z <sub>IP</sub> 02818	
8 List ALL managers (names a	nd addresses	s) of the Limited	Liability Company, IF APPLICABL	E - DO NOT LIST	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zıp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zıp	
		<b>I</b>	<u> </u>	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 Adthorized Person			Date 10/8/2020			
Signature of Authorized Person						

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 13 2020 KM