	State of Rho Office of the Sec		ite	Fee: \$50.00
	Division Of Busi 148 W. Riv			
HOPE	Providence RI ( (401) 222			
Limited Liability Com Annual Report Filing Period: September 1 -				
	7-16-66(d), each limited liability ( n thirty (30) days after the time p penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2020				
1. ID No. <u>001659071</u>				
2. Exact Name of the Limited Liability Company <u>TRINITY PROVIDENCE LLC</u>				
3. State of Formation				
State: MA				
ARTICLE III				
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.				
<u>531311</u>				
4. Brief Description of the	e Character of the Business W	hich is Actual	ly Conducted i	n Rhode Island
REAL ESTATE DEVEL	<u>OPMENT</u>			
5. Principal Office Addres	ŝS			
No. and Street:75 FEDCity or Town:BOST(	DERAL STREET 4TH FL DN	State: <u>MA</u>	Zip: <u>02110</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
Contact Name:Contact TNo. and Street:75 FEDCity or Town:BOSTC	ERAL STREET 4TH FL	State: <u>MA</u>	Zip: <u>02110</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS				
Title	Individual Name First, Middle, Last, Suffix	Address	Addres	<b>S</b> e, Zip Code, Country
8. RESIDENT AGENT IN R	HODE ISLAND - DO NOT ALTE	R		

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI 02888

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

**Signed this 16 Day of October, 2020 at 12:19:42 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 <u>REBECCA HEMENWAY</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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