



State of Rhode Island  
**Department of State - Business Services Division**

**FILED**

OCT 21 2020 *RL*

*116*

Annual Report for the year:   
**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 <input type="text" value="1702445"/>		2. Exact name of the Limited Liability Company <input type="text" value="Tuckin Ventures, LLC"/>			
3. NAICS Code <input type="text" value="531110"/>		4. Brief description of the character of business conducted in Rhode Island <input type="text" value="Real estate holding"/>			
5. State of Formation <input type="text" value="RI"/>					
6. Principal Office Address <input type="text" value="31 Cooper Brook Circle"/>		City <input type="text" value="Granby"/>	State <input type="text" value="CT"/>	Zip <input type="text" value="06035"/>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <input type="text" value="Robert R. Schuldt, III"/>		Contact Title <input type="text" value="Member"/>			
Street Address <input type="text" value="31 Cooper Brook Circle"/>		City <input type="text" value="Granby"/>	State <input type="text" value="CT"/>	Zip <input type="text" value="06035"/>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <input type="text" value="None"/>		Manager Name <input type="text" value="None"/>			
Street Address <input type="text"/>		Street Address <input type="text"/>			
City <input type="text"/>	State <input type="text"/>	Zip <input type="text"/>	City <input type="text"/>	State <input type="text"/>	Zip <input type="text"/>
Manager Name <input type="text" value="None"/>		Manager Name <input type="text" value="None"/>			
Street Address <input type="text"/>		Street Address <input type="text"/>			
City <input type="text"/>	State <input type="text"/>	Zip <input type="text"/>	City <input type="text"/>	State <input type="text"/>	Zip <input type="text"/>
Check the box to indicate an attachment <input type="checkbox"/>					
9 The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642					
<i>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.</i>					
Name of Authorized Person <input type="text" value="Robert R. Schuldt, III"/>				Date <input type="text" value="10/14/2021"/>	
Signature of Authorized Person <i>Robert R. Schuldt, III</i>					

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov