

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.

	FILED OCT 2 1 2020	FAMIP
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Entity ID Number	2. Exact name of the Limited Liability Company					
789829	209 Montgomery, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
531110	Real estate investment					
5. State of Formation	1					
RI						
6. Principal Office Address		City	State	Zip		
209 Montgomery Avenue		Providence	RI	02905		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Gary E. Hallquist		Contact Title Member				
Street Address 209 Montgomery	Avenue	City Providence	State R1	Zip 02905		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name Nonc		Manager Name Nonc				
Street Address		Street Address				
City	State	City	State	Zip		
Manager Name Nonc Manager Name Nonc						
Street Address		Street Address				
City	State Zip	City	State	Zip		
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 Authorized Person Gary E. Hallquist 9/30/202						
Signature of Amborized Person Hall guit						

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov