	State of Rhode Office of the Secret		Fee: \$50.
	Division Of Busines 148 W. River Providence RI 029 (401) 222 30	Street 004-2615	
HOPE	(401) 222-30	040	
imited Liability Con Annual Report Filing Period: September 1			
	. 7-16-66(d), each limited liability con in thirty (30) days after the time pres penalty fee of \$25.00.		
ANNUAL REPORT YEAR	: <u>2020</u>		
1. ID No. <u>00169448</u>	<u>3</u>		
2. Exact Name of the Li	mited Liability Company <u>5 Dean</u>	Avenue LLC	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
<u>531110</u>	e information on <u>NAICS</u> can be found		
4. Brief Description of th	e Character of the Business Whic	h is Actually Conducte	d in Rhode Island
ACQUIRING, OWNIN	G, MANAGING, RENTING AN	D DISPOSING OF RE	AL PROPERTY.
5. Principal Office Addre	SS		
	PERKINS STREET LROSE State	: <u>MA</u> Zip: <u>02176</u>	Country: <u>USA</u>
6. Mailing Address of Li	mited Liability Company and Nam	e or Title of Contact P	erson:
Contact Name: HALE L	AKE Contact Title: MANAGER		
	PERKINS STREET ROSE State	: <u>MA</u> Zip: <u>02176</u>	Country: <u>USA</u>
7. Name and Address of DO NOT LIST MEMBE	FEach Manager of the Limited Lia	bility Company, if App	licable.
Title	Individual Name	Addı	ress
	First, Middle, Last, Suffix	Address, City or Town, S	tate, Zip Code, Country
MANAGER	MICHAEL E LAKE	182 PERI MELROSE, MA	KINS STREET A 02176 USA
MANAGER	HALE Y LAKE	182 PERKINS STREET	

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

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

Signed this 25 Day of October, 2020 at 9:13:00 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 HALE LAKE

Signature of Authorized Person

Form No. 632 Revised 09/07

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