State of Rhode Island Office of the Secretary of State         Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040         Limited Liability Company Annual Report         Filing Period: September 1 - November 1         In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(dsc)) is subject to a ponalty fee of \$25.00.         ANNUAL REPORT YEAR: 2020         1. ID No.       001699745         2. Exact Name of the Limited Liability Company 506 Park Avenue, LLC         3. State of Formation State: RI         ARTICLE III         Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online.         531110         4. Brid Description of the Character of the Business Which is Actually Conducted in Rhode Island REAL ESTATE RENTAL         5. Principal Office Address         No. and Street:       506 PARK AVE, City or Town:       Contact Mame or Title of Contact Person: Contact Name:         MICHAEL MACFARIANE Contact Title: No. and Street:       506 PARK AVE, SD O NOT LIST MEMBERS         No and Street:       506 PARK AVE, SD O NOT LIST MEMBERS					
148 W. River Street Providence RI 02904-2615 (401) 222-3040         Limited Liability Company Annual Report         Filing Pencic: September 1 - November 1         In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to life its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2020         1. ID No. 001699745         2. Exact Name of the Limited Liability Company 506 Park Avenue, LLC         3. State of Formation         State: RI         ARTICLE III         Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online.         S31110         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         REAL ESTATE RENTAL         5. Of PARK AVE. City or Town: PORTSMOUTH State: RI Zip: 02871 Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name: MICHAEL MACFARLANE Contact Title: No. and Street: 506 PARK AVE. City or Town: PORTSMOUTH State: RI Zip: 02871 Country: USA         6. Mailing Address of Each Manager of the Limited Liability Company, if Applicable.		••••••		Fee: \$50.00	
Providence RI 02904-2615 (401) 222-3040         Limited Liability Company Annual Report         Filing Period: September 1 - November 1         In accordance with R.I.G.L. 7-16-66(b3(), each limited liability company failing or refusing to file its annual report within thrty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b3c)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2020         1. ID No. 001699745         2. Exact Name of the Limited Liability Company 506 Park Avenue, LLC         3. State of Formation State: RI         ARTICLE III         Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. 531110         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         REAL ESTATE RENTAL         5. Principal Office Address         No. and Street: S06 PARK AVE, City or Town: PORTSMOUTH State: RI zip: 02871 Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name: MICHAEL MACFARLANE Contact Title: No. and Street: S06 PARK AVE, City or Town: PORTSMOUTH State: RI zip: 02871 Country: USA         6. Mailing Address of Each Manager of the Limited Liability Company, if Applicable.   <		Division Of Busine	ss Services		
(401) 222-3040         Limited Liability Company Annual Report         Filing Period: September 1 - November 1         In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (20) days after the time prescribed by law (R.I.G.L. 7- 16-66(b8(b2)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2020         1. ID No. 001699745         2. Exact Name of the Limited Liability Company 506 Park Avenue, LLC         3. State of Formation         State: RI         ARTICLE III         Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online.         531110         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         REAL ESTATE RENTAL         5. Principal Office Address         No. and Street:       506 PARK AVE. City or Town:       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name: MICHAEL MACFARLANE Contact Title: No. and Street:       S06 PARK AVE. City or Town:       Zip: 02871       Country: USA         6. Mailing Address of Limited Lia					
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No. and Street: City or Town:506 PARK AVE. PORTSMOUTHState: RIZip: 02871Country: USA6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:Contact Name: No. and Street: City or Town:MICHAEL MACFARLANE Contact Title: 506 PARK AVE. PORTSMOUTHState: RIZip: 02871Country: USA7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.					
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No. and Street:       506 PARK AVE.         City or Town:       PORTSMOUTH       State: RI       Zip: 02871       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.	6. Mailing Address of L	imited Liability Company and Nar	ne or Title of Conta	ct Person:	
City or Town:       PORTSMOUTH       State: RI       Zip: 02871       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.					
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		-	ability Company, if	Applicable.	
Title Individual Name Address	Title	Individual Name		Address	
First, Middle, Last, Suffix         Address, City or Town, State, Zip Code, Country					
		First, Middle, Last, Suffix	Address, City or To	wn, State, Zip Code, Country	
		First, Middle, Last, Suffix	Address, City or To	wn, State, Zip Code, Country	

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

KENNETH TREMBLAY 181 CHASE RD. PORTSMOUTH, RI 02871

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

**Signed this 27 Day of October, 2020 at 10:35:38 AM 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 MICHAEL MACFARLANE

Signature of Authorized Person

Form No. 632 Revised 09/07

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