	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S		
HOPE	Providence RI 0290 (401) 222-304		
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2020</u>		
1. ID No. <u>00013583</u>	<u>8</u>		
2. Exact Name of the Li	mited Liability Company 40 DIXC	ON STREET LLC	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
-	Code that best describes the primary e information on <u>NAICS</u> can be found	-	he entity. Download
	a Character of the Dusiness Which	in Antuclly Conductor	t in Dhada Jaland
	e Character of the Business Which	is Actually Conducted	d in Rhode Island
	e Character of the Business Which	is Actually Conducted	d in Rhode Island
4. Brief Description of th		is Actually Conducted	d in Rhode Island
4. Brief Description of th <u>REAL ESTATE</u> 5. Principal Office Addre No. and Street: <u>104 B</u>	ess <u>KICKEMUIT AVENUE</u>	is Actually Conducted	d in Rhode Island Country: <u>USA</u>
4. Brief Description of the REAL ESTATE 5. Principal Office Addree No. and Street: 104 H City or Town: BRIS	ess <u>KICKEMUIT AVENUE</u>	ate: <u>RI</u> Zip: <u>02809</u>	Country: <u>USA</u>
4. Brief Description of th <u>REAL ESTATE</u> 5. Principal Office Addres No. and Street: 104 I City or Town: BRIS 6. Mailing Address of Li Contact Name: CHRIST	ess <u>KICKEMUIT AVENUE</u> S <u>TOL</u> St	ate: <u>RI</u> Zip: <u>02809</u>	Country: <u>USA</u>
4. Brief Description of th <u>REAL ESTATE</u> 5. Principal Office Addres No. and Street: 104 I City or Town: BRIS 6. Mailing Address of Li Contact Name: CHRIST	ESS <u>XICKEMUIT AVENUE</u> <u>STOL</u> St mited Liability Company and Name <u>INE M MATRONE</u> Contact Title: <u>XICKEMUIT AVENUE</u>	ate: <u>RI</u> Zip: <u>02809</u>	Country: <u>USA</u>
4. Brief Description of th <u>REAL ESTATE</u> 5. Principal Office Addres No. and Street: 104 H City or Town: BRIS 6. Mailing Address of Li Contact Name: CHRIST No. and Street: 104 H City or Town: BRIS	Ess <u>KICKEMUIT AVENUE</u> <u>STOL</u> St mited Liability Company and Name <u>INE M MATRONE</u> Contact Title: KICKEMUIT AVENUE TOL Sta F Each Manager of the Limited Liab	ate: <u>RI</u> Zip: <u>02809</u> or Title of Contact Pe te: <u>RI</u> Zip: <u>02809</u>	Country: <u>USA</u> r son: Country: <u>USA</u>
4. Brief Description of the REAL ESTATE 5. Principal Office Address No. and Street: 104 H City or Town: BRIS 6. Mailing Address of Li Contact Name: CHRIST No. and Street: 104 H City or Town: BRIS 6. Mailing Address of Li Contact Name: CHRIST No. and Street: 104 H City or Town: BRIS 7. Name and Address of Mailing Address of	Ess <u>KICKEMUIT AVENUE</u> <u>STOL</u> St mited Liability Company and Name <u>INE M MATRONE</u> Contact Title: KICKEMUIT AVENUE TOL Sta F Each Manager of the Limited Liab	ate: <u>RI</u> Zip: <u>02809</u> or Title of Contact Pe te: <u>RI</u> Zip: <u>02809</u>	Country: <u>USA</u> rson: Country: <u>USA</u> icable.

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

SANDRA MATRONE MACK, ESQ. MACK LAW ASSOCIATES LLC 50 SOUTH MAIN STREET, SUITE 308S PROVIDENCE , RI 02903

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 2:28:41 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>CHRISTINE M MATRONE</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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