



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$50.00

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(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2020

**1. ID No.** 001660355

**2. Exact Name of the Limited Liability Company** Fairholme 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.

530000

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

THE PURPOSE OF THE COMPANY IS TO ACQUIRE, DEVELOP, CONSTRUCT, REHABILITATE, IMPROVE, MAINTAIN, FINANCE, MANAGE, OPERATE, LEASE, SELL, CONVEY, ASSIGN, MORTGAGE AND OTHERWISE DEAL WITH REAL ESTATE, WHETHER DIRECTLY OR INDIRECTLY, THROUGH ONE OR MORE BUSINESS TRUSTS, PARTNERSHIPS, LIMITED LIABILITY COMPANIES OR OTHER ENTITIES, TO ENGAGE IN ALL OTHER ACTIVITIES INCIDENTAL TO THE FOREGOING; AND TO CARRY ON ANY BUSINESS PERMITTED TO BE CARRIED ON BY A LIMITED LIABILITY COMPANY ORGANIZED UNDER THE LAWS OF THE STATE OF RHODE ISLAND.

**5. Principal Office Address**

No. and Street: C/O WILLIAM D. KIRCHICK, ESQ.  
NUTTER MCCLENNEN & FISH LLP 155  
SEAPORT BOULEVARD

City or Town: BOSTON

State: MA Zip: 02210 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: Contact Title:

No. and Street: C/O NUTTER MCCLENNEN & FISH LLP

155 SEAPORT BOULEVARD

City or Town: BOSTON

State: MA Zip: 02210 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.**

**DO NOT LIST MEMBERS**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
MANAGER	GEORGE N. PETROVAS	C/O WILLIAM D. KIRCHICK, ESQUIRE 155 SEAPORT BOULEVARD BOSTON, MA 02210 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER**

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

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST  
PROVIDENCE , RI 02914

**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 3:11:41 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 GEORGE N. PETROVAS  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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