

FILED

Annual Report for the year:	2020
Limited Liability Company	

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.

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Entity ID Number	2. Exact nar	2. Exact name of the Limited Liability Company					
000151495		SPRING GROVE INVESTMENTS LLC					
5. State of Formation R.I.		4. Brief description of the character of business conducted in Rhode Island REAL ESTATE INVESTMENTS					
6. Principal Office Address			160				
THURBER BLVD STE D			SMITHFIELD	State RI	Zip 02917		
7. Mailing Address of Limited		y and Name or Tit	le of Contact Person		<u></u>		
Contact Name MARY LOU FI	LOU FERRI Contact Title M/			NAGER			
Street Address 1 THURBER	THURBER BLVD STE D City SMITHFIELD			State RI	^{Zip} 02917		
8. List ALL managers (names	s and addresses)	of the Limited Lia	bility Company, IF APPLICABL	E - DO NOT LIST	MEMBERS		
Manager Name MARY LOU F	ERRI	Manager Name					
Street Address 1 THURBER BLVD STE D			Street Address				
City SMITHFIELD	State RI	^{Zip} 02917	City	State	Zıp		
Manager Name			Manager Name .				
Street Address			Street Address				
City	State	Zıp	City	State	Zip		
				Check the box to i	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				Date	Date		
MARY LOU FERRI			10/5/20	10/5/2020			
Signature of Authorized Person Current Open							

MAIL TO:

Division of Business Services

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

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