

**FILED** 

Annual Report for the year: 2020 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.

	OCT 2,6 2020	
BY_	1134	>

[. <u> </u>							
Entity ID Number	2. Exact name of the Limited Liability Company						
000151899	SHERMAN FARM LLC						
3. NAICS Code	Brief description of the character of business conducted in Rhode Island REAL ESTATE INVESTMENTS						
5. State of Formation R.I.							
6. Principal Office Address	I		City	State	Zip		
1 THURBER BLVD STE D			SMITHFIELD	RI	02917		
7. Mailing Address of Limited Lia		and Name or Titl	e of Contact Person		· · · · · · · · · · · · · · · · · · ·		
Contact Name MARY LOU FER	RI		Contact Title MANAGER				
Street Address 1 THURBER BLVD STE D			City SMITHFIELD	State RI	<sup>Zip</sup> 02917		
8. List ALL managers (names ar	nd addresses) of	the Limited Lial	oility Company, IF APPLICABL	E - DO NOT LIST I	MEMBERS		
Manager Name MARY LOU FERRI			Manager Name				
Street Address 1 THURBER BLVD STE D			Street Address				
City SMITHFIELD	State RI	<sup>Zıp</sup> 02917	City	State	Zıp		
Manager Name			Manager Name				
Street Address			Street Address				
City	Slate	Zıp	City	State	Zıp		
	<del></del> -			Check the box to i	ndicate an attachment		
9. The Resident Agent information	on currently of re	cord with the RI	Department of State is accura	ite. Changes require	e filing Form 642.		
Under penalty of perjury, I dec statements, and that all staten	lare and affirm nents contained	that I have exa I herein are tru	mined this report, including e and correct.	any accompanyin	g schedules and		
Name of Authorized Person					Date		
MARY LOU FERRI			10/5/2020				
Signature of Authorized Person	Lenn						
		- 					

MAIL TO:

**Division of Business Services** 

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

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