State of Rhode Island
Department of State - Business Services Division

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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.

1. Entity ID Number	2. Exact name of the Limited Liability Company		
126129	326 THRIFT, LLC		
3. NAICS Code 531110	4. Brief description of the character of business conducted in Rhode Island To engage in real estate business, including without limitation, buying, selling, construction, owning, dealing, developing & rehabilitation housing for low & moderate		
5 State of Formation RHODE ISLAND			
6. Principal Office Address 50 WASHINGTON SQUARE	City NEWPORT	State RI	Zip 02840
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name STEPHEN P. OSTIGUY	Contact Title ASSET MANAGER		
Street Address 50 WASHINGTON SQUARE	City NEWPORT	State RI	Zip 02840
8. List **ALL** managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**			
Manager Na	Manager Name		
Street Addres	Street Address		
Cit	City	State	Zip
Manager Name	Manager Name		
Street Address	Street Address		
City / State / Zip	City / State / Zip		
Check the box to 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 STEPHEN P. OSTIGUY	Date 10/14/2020		
Signature of Authorized Person			

MAIL TO:
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