



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

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BY

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Annual Report for the year: 2020
Limited Liability Company

- Filing period: Sep
- Filing Fee: \$50.0
- Penalty: Additional

List the entity's ID number. The ID number can be found by looking up your entity in the Corporate Database.

List the name of the LLC. The entity name can be verified through the Corporate Database.

1. Entity ID Number <u>000236887</u>		2. Exact name of the Limited Liability Company <u>Massachusetts Avenue LLC</u>	
3. NAICS Code <u>53110</u>		Complete the six digit NAICS code that describes the primary type of business in which the entity engages. See instructions for further information.	
5. State of Formation <u>Rhode Island</u>		List the state under whose laws the company was formed.	
6. Principal Office Address <u>64 Othmar Street</u>		List the address of the principal office for the LLC.	
7. Mailing Address of Limited Liability Company and name of the contact person Contact Name: <u>Delia G. Donaldson</u> Street Address: <u>64 Othmar Street</u>		List the name or title and address for the contact person for the LLC. Contact Title: <u>Manager</u> City: <u>Narragansett</u> State: <u>R.I.</u> Zip: <u>02882</u>	
8. List ALL managers (names and addresses) of the Limited Liability Company Manager Name: <u>Delia G. Donaldson</u> Street Address: <u>64 Othmar Street</u> City: <u>Narragansett</u> State: <u>R.I.</u> Zip: <u>02882</u>		List the name(s) and address(s) for the managers of the LLC. DO NOT LIST MEMBERS. If you require additional space check the attachment box and be sure to include the entity ID number on the attachment.	
The limited liability company's resident agent and resident office is of record in this office. If the resident agent and/or address of the resident agent has changed, see instructions for further information.		an attachment <input type="checkbox"/>	
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.			
Under penalty of perjury, I declare and affirm that I have examined this report, its statements, and that all statements contained herein are true and correct.			
Name of Authorized Person <u>Delia G. Donaldson</u>		An authorized person MUST sign and date the annual report. <u>10-19-2020</u>	
Signature of Authorized Person <u>Delia G. Donaldson</u>			

MAIL TO:

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