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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020

Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

13

-> Penalty: Additional \$25.00 fee if form is not filed by December 1.

FILED	STAMP
OCT 2 6 2020	SCRETARY OF STATE USE ONLY

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, including any accompanying schedules and statements, and that all statements contained herein are true and correct. Name of Authorized Person JAN S. SIRONEN, MANAGER Date C. T. 19, 2020	1. Entity ID Number 504901	2. Exact name of the Limited Liability Company OLD BAPTIST ROAD, LLC						
S. State of Formation RHODE ISLAND 6. Principal Office Address 185 OLD BAPTIST ROAD Contact Name JAN S. SIRONEN Contact Title MANAGER City NORTH KINGSTOWN State RI Zip 02852 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name JAN S. SIRONEN Contact Title MANAGER Street Address 185 OLD BAPTIST ROAD City NORTH KINGSTOWN Manager Name JAN S. SIRONEN Street Address Manager Name Street Address 185 OLD BAPTIST ROAD City NORTH KINGSTOWN State RI Zip 02852 City State Zip Manager Name Street Address Street Address Street Address City State Zip City State Zip Check the box to indicate an attachment 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, including any accompanying schedules and statements, and that all statements contained herein are true and correct. Name of Authorized Person JAN S. SIRONEN, MANAGER	3. NAICS Code	4. Brief desc	Brief description of the character of business conducted in Rhode Island					
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Signature of Authorized Person	JAN S. SIRONEN, MANAGER				Oct	19, 2020		
argn document here	Signature of Authorized Person	(/	H HGN E	DOCUMENT HERE				

MAIL TO:

Division of Business Services

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

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