



State of Rhode Island

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

FILED
STAMP
 OCT 26 2020
 BY [Signature]

1. Entity ID Number 001684180		2. Exact name of the Limited Liability Company Main and Sayles, LLC			
3. NAICS Code 624229		4. Brief description of the character of business conducted in Rhode Island Real Estate			
5. State of Formation RI					
6. Principal Office Address 1029 MENDON ROAD			City CUMBERLAND	State RI	Zip 02864
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name PETER BOUCHARD			Contact Title CEO OF MEMEBER		
Street Address 1029 MENDON ROAD			City CUMBERLAND	State RI	Zip 02864
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS.					
M. <u>[Signature]</u>			Manager Name		
Street Address			Street Address		
City <u>02864</u>			City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
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 <u>Peter Bouchard</u>				Date <u>10/19/2020</u>	
Signature of Authorized Person <u>Peter Bouchard</u>					

MAIL TO:

Division of Business Services

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