



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.

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OCT 26 2020

BY

|   |          |  |                               |                    |              |
|---|----------|--|-------------------------------|--------------------|--------------|
| 1. Entity ID Number<br>100241   |          | 2. Exact name of the Limited Liability Company<br>First B&I Land Company, LLC  |                               |                    |              |
| 3. NAICS Code<br>531110   |          | 4. Brief description of the character of business conducted in Rhode Island<br>Buying and Managing Real Estate for Family Interests. |                               |                    |              |
| 5. State of Formation<br>RI   |          |  |                               |                    |              |
| 6. Principal Office Address<br>50 S. Main Street  |          |  | City<br>Providence            | State<br>RI        | Zip<br>02903 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |          |  |                               |                    |              |
| Contact Name Jennifer M. Overcash   |          |  | Contact Title Finance Manager |                    |              |
| Street Address 50 S. Main Street  |          |  | City Providence               | State RI           | Zip 02903    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |          |  |                               |                    |              |
| Manager Name William H.D. Goddard   |          |  | Manager Name                  |                    |              |
| Street Address 50 S. Main Street  |          |  | Street Address                |                    |              |
| City Providence   | State RI | Zip 02903  | 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.   |          |  |                               |                    |              |
| <b>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.</b> |          |  |                               |                    |              |
| Name of Authorized Person<br>Jennifer M. Overcash   |          |  |                               | Date<br>10/19/2020 |              |
| Signature of Authorized Person<br>  |          |  |                               |                    |              |

## MAIL TO:

Division of Business Services

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