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 2 6 2020	FOR SECRETARY OF STATE USL DNLY

BY___

1. Entity ID Number 000798926	1	2. Exact name of the Limited Liability Company 155 Legion Way, LLC					
3. NAICS Code		Brief description of the character of business conducted in Rhode Island					
531110	Real estate	e ownership.					
5. State of Formation							
RI							
6. Principal Office Address			City	State	Zip		
567 Reservoir Avenue			Cranston	RI	02910		
7. Mailing Address of Limit	ted Liability Compa	iny and Name or Ti					
Contact Name Karen M. Mega		Contact Title Member					
Street Address 567 Reservoir Avenue		City Cranston	State RI	^{Zip} 02910			
8. List ALL managers (nar	mes and addresse	s) of the Limited Lia	ability Company, IF APPLICA	ABLE - DO NOT LIST	MEMBERS		
Manager Name		Manager Name	Manager Name				
Street Address		Street Address	Street Address				
City	State	Zip	City	State	Zip		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address				
City	State	Zip	City	State	Zip		
	1			Check the box to	indicate an attachment		
9. Resident Agent in Rhod	le Island. This inform	nation is currently of a	record with the Department of S	state. Changes require fil	ing Form 642.		
Under penalty of perjury statements, and that all			amined this report, includ- ue and correct.	ing any accompanyi	ng schedules and		
Name of Authorized Person	ature of Authorized Person Authorized Person SIGN-BOCUMENT HERE			Date 10 / /	Date 10/19/20		
Signature of Authorized Po	erson is	- Mirke	BOOLIMANT HERE				
	, a	731614	OCCUPENT HERE	3333333			

MAIL TO:

Division of Business Services

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

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