RI SOS Filing Number: 202069947810 Date: 10/26/2020 4:00:00 PM State of Rhode Island

State of Rhode Island Department of State

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
RV	OCT 2 6 2020	CONTRACTOR OF THE PROPERTY OF
6 1_		

		ed Liability Company						
TERRY LA	INE, LLC			2. Exact name of the Limited Liability Company				
	TERRY LANE, LLC							
4. Brief description of the character of business conducted in Rhode Island								
1								
		City	State	7:-				
6. Principal Office Address PO BOX U			RI	Zip 02814				
ability Compa	iny and Name o	r Title of Contact Person						
Contact Name WILLIAM J. HAMILL, III			Contact Title PRESIDENT					
Street Address PO BOX U		City CHEPACHET	State RI	Zip 02814				
ind addresse:	s) of the Limited	Liability Company, IF APPLICABI	LE - DO NOT LIST I	MEMBERS				
Manager Name			Manager Name					
Street Address			Street Address					
State	Zip	City	State	Zip				
Manager Name			Manager Name					
Street Address			Street Address					
City State Zin			Street Address					
State	Zip	City	State	Zip				
			Check the box to i	ndicate an attachment				
ion currently o	of record with th	e RI Department of State is accur-	ate. Changes requir	e filina Form 642				
clare and aff	irm that I have	examined this report including	any accompanyin	g schedules and				
			Date					
WILLIAM J. HAMILI., III Signature of Authorized Person			101	15/200				
HA								
	ability Compa MILL, III and addresses State State clare and affirments conta	ability Company and Name of MILL, III and addresses) of the Limited Zip State Zip State Zip ion currently of record with the clare and affirm that I have ments contained herein are	City CHEPACHET ability Company and Name or Title of Contact Person MILL, III City CHEPACHET City CHEPACHET and addresses) of the Limited Liability Company, IF APPLICABL Manager Name Street Address State Zip City Manager Name Street Address State Zip City City Manager Name Street Address City City Ion currently of record with the RI Department of State is accurred and affirm that I have examined this report, including ments contained herein are true and correct.	City CHEPACHET RI ability Company and Name or Title of Contact Person MILL, III Contact Title PRESIDENT City CHEPACHET State RI and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST Manager Name Street Address State Zip City State Manager Name Street Address State Zip City State Check the box to it ion currently of record with the RI Department of State is accurate. Changes required and affirm that I have examined this report, including any accompanying ments contained herein are true and correct.				

MAIL TO:

Division of Business Services

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

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