

FILED STAMP
OCT 2 6 2020

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.

1. Entity ID Number	2 Evactor	2 Event name of the Limite of Line is a Line in the Control of the				
001700995		2. Exact name of the Limited Liability Company TERRY LANE, LLC				
3. NAICS Code	4. Brief de	Brief description of the character of business conducted in Rhode Island REAL ESTATE HOLDING COMPANY				
531311						
5. State of Formation						
RI						
6. Principal Office Address			City	State	Zip	
PO BOX U			СНЕРАСНЕТ	RI	02814	
7. Mailing Address of Limited	Liability Compa	any 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	
8. List ALL managers (name	s and addresse	s) of the Limited	Liability Company, IF APPLICABI	LE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
				Check the box to i	indicate an attachment	
9. The Resident Agent inform	nation currently	of record with the	e RI Department of State is accura	ate. Changes requir	e filing Form 642	
Under penalty of perjury, I statements, and that all sta	declare and aff	irm that I have	examined this report, including	any accompanyin	g schedules and	
Name of Authorized Person				Date		
WILLIAM J. HAMILI., III			_ /0/	15/200		
Signature of Authorized Pers	on					
William Stro	W 74					

MAIL TO:

Division of Business Services

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

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