



State of Rhode Island and Providence Plantations

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

JOSLOS

1. Entity ID Number <b>000121823</b>		2. Exact name of the Limited Liability Company <b>BROOMFIELD REALTY, LLC</b>			
3. NAICS Code <b>531311</b>		4. Brief description of the character of business conducted in Rhode Island <b>REAL ESTATE MANAGEMENT &amp; LEASING</b>			
5. State of Formation <b>RI</b>					
6. Principal Office Address <b>10 LEHIGH STREET</b>			City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02905</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>TAMMY A. ANDERSON</b>			Contact Title <b>PRESIDENT</b>		
Street Address <b>10 LEHIGH STREET</b>			City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02905</b>
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>TAMMY A. ANDERSON</b>			Manager Name <b>MELISSA I. PHILLIPS</b>		
Street Address <b>10 LEHIGH STREET</b>			Street Address <b>10 LEHIGH STREET</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02905</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02905</b>
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. Resident Agent in Rhode Island. This information is currently of record with the Department of State. 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 <b>TAMMY A. ANDERSON</b>				Date <b>10/15/2020</b>	
Signature of Authorized Person <i>Tammy A. Anderson</i> SIGN DOCUMENT HERE					

## MAIL TO:

Division of Business Services

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