<b>(B)</b>	State of Rhode Island  Department of State - Business Services	Division
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SWARP

Annual Report for the year:  $\frac{2020}{}$ **Limited Liability Company** 

FILED ....

→ Filing period: September 1 - November 1 → Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

OCT 2 6 2020

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1. Entity ID Number 2. Exact name of the Limited Liat			ability Company		$\bigcap$ (') 1			
1685756	1685756 Ballast Point Realty, LLC							
3. NAICS Code	4. Brief des	cription of the chara-	icter of business conducted	in Rhode Island				
531110	To hold and manage real estate							
5. State of Formation	7							
RI								
6. Principal Office Address			City	State	Zip			
321 South Main Street			Providence	RI	02903			
7. Mailing Address of Limited Lia		ny and Name or Title						
Contact Name Frohman C. Ande	erson, III		Contact Title Member					
Street Address 321 South Main Street			City Providence	State RI	Zip 02903			
8. List ALL managers (names a	and addresses	) of the Limited Liab		BLE - DO NOT LIST	MEMBERS			
Manager Name Nonc			Manager Name None					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
Manager Name None	1		Manager Name None					
St <sub>e</sub> reet Address			Street Address					
City	State	Zip	City	State	Zip			
	Check the box to indicate an attachment							
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.								
Under penalty of perjury, i declare and affirm that I have exemined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.								
Name of Authorized Person	Name of Authorized Person Date							
Frohman C. Anderson, III 10-15-2020								
Signature of Authorized Person		1						

MAIL TO:

**Division of Business Services** 

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

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