State of Rhode Island Department of State - Business Services Division

FILED STAGE

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.

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BY_		117

1. Entity ID Number	2. Exact name of the Limited Liability Company						
916154	Catherine & Prospect, LLC						
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3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
531110	To hold and manage real estate						
5. State of Formation							
RI							
6. Principal Office Address			City	State	Zip		
28 Catherine Street			Bristol	RI	02809		
7. Mailing Address of Limited Lia	bility Company	y and Name or Title	c of Contact Person	I			
Contact Name Judith Bowen			Contact Title Member				
Street Address 430 Scavicw Avenue			City Warren	State RI	Zip 02885		
& List ALL managers (names ar	nd addresses)	of the Limited Liab		CABLE - DO NOT LIST N	IEMBERS		
Manager Name None			Manager Name Nonc				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Manager Name None			Manager Name None				
Street 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 examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.							
Name of Authorized Person					1 / =		
Judith Bowen					0/14/2020		
Signature of Authorized Person June 1997							

MAIL TO:

Division of Business Services

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

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