NOPE	of State - Bu					
Annual Report for t Limited Liability Co	the year: $\frac{2020}{1000}$	<u> </u>	FILED			
 → Filing period: Septe → Filing Fee: \$50.00 → Penalty: Additional \$ 	ember 1 - Noveml		ember 1. BY	OCT 28 2021	34	
1. Entity ID Number 001676627		me of the Limited I	Liability Company		S	
3. NAICS Code 531390		Brief description of the character of business conducted in Rhode Island property development				
5. State of Formation RI						
6. Principal Office Address 24 HORNBEAM RD			City COVENTRY	State RI	Zip 02816	
7. Mailing Address of Limi		ny and Name or Ti		·		
Contact Name STEPHEN GORMAN			Contact Title MANAGER			
Street Address 27 WOODSPELL ROAD			City SCARBOROUGH	State ME	Zip 04074	
	mes and addresses	s) of the Limited Lia	ability Company, IF APPLICABLE	- DO NOT LIST I	MEMBERS	
Manager Name			Manager Name			
Street Addres			Street Address			
City	State	Zip anna	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zıp	
	L			I Check the box to i	 ndicate an attachment	
			Department of State is accurate			
Under penalty of perjury statements, and that all	r, I declare and aff statements conta	irm that I have exa ined herein are tru	amined this report, including a ue and correct.	ny accompanyin	g schedules and	
Name of Authorized Person				Date		
STEPHEN R GORMAN		1%		10/23/20	020	

MAIL TO:

Division of Business Services

Signature of Authorized Person

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

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