	State of Rh Office of the Se			Fee: \$50.00
	Division Of Bu 148 W. Ri Providence R	iver Street		
HOPE	(401) 22)	
Limited Liability Comp Annual Report Filing Period: September 1 -				
	7-16-66(d), each limited liability n thirty (30) days after the time penalty fee of \$25.00.			
ANNUAL REPORT YEAR:	2020			
1. ID No. <u>001695955</u>				
2. Exact Name of the Lin	nited Liability Company $\overline{\mathrm{Oc}}$	ean Breeze R	ental, LLC	
3. State of Formation				
State: <u>RI</u>				
	ARTICLI	E III		
0	ode that best describes the pr information on <u>NAICS</u> can be	•	s conducted by	the entity. Download
<u>531110</u>				
4. Brief Description of the	Character of the Business	Which is Acti	ually Conducte	d in Rhode Island
REAL ESTATE RESIDE	NTIAL RENTALS			
5. Principal Office Addres	S			
	<u>ENNER HILL ROAD</u> E VALLEY	State: <u>RI</u>	Zip: <u>02832</u>	Country: <u>USA</u>
6. Mailing Address of Lin	nited Liability Company and	Name or Title	e of Contact Pe	erson:
	<u>E COTRONEO</u> Contact Title: ENNER HILL ROAD	MEMBER		
	VALLEY	State: <u>RI</u>	Zip: <u>02832</u>	Country: USA
7. Name and Address of DO NOT LIST MEMBER	Each Manager of the Limite S	d Liability Co	mpany, if App	licable.
Title	Individual Name First, Middle, Last, Suffix	Addro	Addr ess, City or Town, S	tate, Zip Code, Country
	HODE ISLAND - DO NOT ALT			

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

JOANNE C. D'AMBRA, ESQ. 897 RESERVOIR AVENUE CRANSTON, RI 02910

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 30 Day of October, 2020 at 2:09:43 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By MICHELLE COTRONEO

Signature of Authorized Person

Form No. 632 Revised 09/07

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