	State of Rhode Office of the Secre	
	Division Of Busine 148 W. River Providence RI 029	Street 904-2615
HOPE	(401) 222-3	040
Limited Liability Comp Annual Report Filing Period: September 1 -	, i i i i i i i i i i i i i i i i i i i	
	7-16-66(d), each limited liability cor thirty (30) days after the time pres enalty fee of \$25.00.	
ANNUAL REPORT YEAR: 2020		
1. ID No. <u>001690801</u>		
2. Exact Name of the Limited Liability Company <u>105 Amherst Avenue, LLC</u>		
3. State of Formation		
State: <u>RI</u>		
ARTICLE III		
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.		
<u>531110</u>		
4. Brief Description of the	Character of the Business Whie	ch is Actually Conducted in Rhode Island
RENTAL PROPERTY		
5. Principal Office Addres	S	
No. and Street: <u>18 NO</u> City or Town: <u>RUMS</u>	<u>RTH WARD AVENUE</u> <u>ON</u>	State: <u>NJ</u> Zip: <u>07760</u> Country: <u>USA</u>
6. Mailing Address of Lim	ited Liability Company and Nan	ne or Title of Contact Person:
Contact Name: <u>LISA TORTOLANI</u> Contact Title: No. and Street: <u>18 NORTH WARD AVENUE</u>		
City or Town: <u>RUMS</u>	S <u>NC</u>	State: <u>NJ</u> Zip: <u>07760</u> Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS		
Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
	HODE ISLAND - DO NOT ALTER	

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

ROGER A. PETERS II, ESQ. ONE FINANCIAL PLAZA, SUITE 1430 PROVIDENCE , RI 02903

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 3:34:45 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 <u>LISA TORTOLANI</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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