

FILED

OCT 28 2020 MP

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.

1. Entity ID Number 000170767		2. Exact name of the Limited Liability Company Residences 1000 LLC				
3. NAICS Code 531110		Brief description of the character of business conducted in Rhode Island Development of Real Estate				
5. State of Formation Rhode Island						
6 Principal Office Address 1414 Atwood Avenue			City Johnston	State RI	Zip 02919	
7. Mailing Address of Limited	Liability Compa	any and Name o				
Contact Name Kelly Coates		Contact Title Authorized Trustee				
Street Address 1414 Atwood Avenue		City Johnston	State RI	Zip 02919		
8. List ALL managers (name		s) of the Limited	Liability Company, IF APPLICA	ABLE - DO NOT LIST I	MEMBERS	
Manager	Manager Name					
St.			ctreet Address			
_ 	12 -		√1 ,	State	Zip	
r v- – – –	· ·		Manager Name	•	•	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
		.		Check the box to	ndicate an attachment	
9. The Resident Agent Inform	nation currently o	of record with th	e RI Department of State is acc	curate. Changes requir	e filing Form 642.	
Under penalty of perjury, I statements, and that all sta			examined this report, includi true and correct.	ing any accompanyin	g schedules and	
Name of Authorized Person Kelly Coates	1/11	M		Date 10	- 13-2020	
Signature of Authorized Pers						

MAIL TO:

Division of Business Services

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

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