



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**FILED**

OCT 30 2020

3720

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**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 <b>740101</b>		2. Exact name of the Limited Liability Company <b>GOLDEN ALE REALTY, LLC</b>			
3. NAICS Code <b>531120</b>		4. Brief description of the character of business conducted in Rhode Island <b>HOLDING, OWNING, BUYING, SELLING, PLEDGING OR OTHERWISE DEALING IN REAL ESTATE INVESTMENT OPPORTUNITIES AND OTHER ACTIVITIES PERMITTED.</b>			
5. State of Formation <b>RHODE ISLAND</b>					
6. Principal Office Address <b>33 KENNEY DRIVE</b>		City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>DAVID DEUEL</b>			Contact Title		
Street Address <b>33 KENNEY DRIVE</b>		City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>	
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>MARGARET GANNON JONES</b>		Manager Name <b>JOSEPH O. PEIXOTO</b>			
Street Address <b>2113 EAST SKY HARBOR CIRCLE SOUTH</b>		Street Address <b>33 KENNEY DRIVE</b>			
City <b>PHOENIX</b>	State <b>AZ</b>	Zip <b>85034</b>	City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
<b>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.</b>					
Name of Authorized Person				Date <b>10/27/20</b>	
Signature of Authorized Person <i>Margaret Gannon Jones</i>		SIGN DOCUMENT HERE			

**MAIL TO:**  
**Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
**Phone:** (401) 222-3040  
**Website:** www.sos.ri.gov