RI SOS Filing Number: 202072412060 Date: 11/6/2020 4:00:00 PM



State of Rhode Island

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## **Department of State - Business Services Division**

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.

HILEU	
NOV 022020	

1. Entity ID Number 1699229	2. Exact name of the Limited Liability Company SWAMP MEADOW, LLC					
3. NAICS Code 531311	Brief description of the character of business conducted in Rhode Island     To engage in the business of land management and development.					
5. State of Formation RI						
6. Principal Office Address			City	State	Zip	
514 Ten Rod Road			North Kingstown	RI	02852	
7. Mailing Address of Limited Lia	ability Compa	any and Name or	Title of Contact Person	<u>.</u>	1	
Contact Name Roy Seelenbrandt			Contact Title Member			
Street Address 514 Ten Rod Road			City North Kingstown	State RI	Z <sub>IP</sub> 02852	
8. List ALL managers (names a	nd addresse:	s) of the Limited	Liability Company, IF APPLICABLE	E - DO NOT LIST	MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address			
City	State	Zip	City	State	Zıp	
<del></del> -	<u> </u>			Check the box to	indicate an attachment	
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.						
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.						
Name of Authorized Person Date						
Roy Seelenbrandt XOctober 24, 2020						
Signature of Authorized Person	randt	<i>t</i>				

MAIL TO:

**Division of Business Services** 

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

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