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State of Rhode Island

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.

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Entity ID Number	2. Exact name of the Limited Liability Company					
001011418	SHOREWOOD APARTMENTS LLC					
3. NAICS Code 531110	4. Brief description of the character of business conducted in					
5. State of Formation						
6. Principal Office Address 1776 BICENTENNIAL WAY	·			State RI	Zip 02911	
7. Mailing Address of Limited Lia	bility Company	and Name or Tit	le of Contact Person		· · · · ·	
Contact Name SWETA SHAH	Name SWETA SHAH Contact Title ACCOUNTA			VT'		
Street Address 63 ATLANTIC A	63 ATLANTIC AVENUE		City BOSTON	State MA	Zip 02110	
		of the Limited Lia	bility Company. IF APPLICABLE	- DO NOT LIST N	MEMBERS	
Manager Name RICHARD BENE	ager Name RICHARD BENDETSON Manager Name					
Street Address 63 ATLANTIC AVENUE		Street Address				
City BOSTON,	State MA	Zip 02110	City	State	Zip	
Manager Name Manager Name					· · · - · - ·	
Street Address	Street Address Street Address					
City	State	Zip	City	State	Zip	
	<u> </u>			Theck the box to in	ndicate 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 RICHARD BENDETSON AS MANAGER OF SHOREWOOD APARTMENTS LLC			Date 10/08/2020			
Signature of Authorized Person						
	·					

MAIL TO:

Division of Business Services

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

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