RI SOS Filing Number: 202073318460 Date: 11/4/2020 4:00:00 PM



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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4 Estim ID Months	0.5		- J. 1 L-115k - O			
1. Entity ID Number 000087255			ed Liability Company  [I FAMILY COMP.	ANY, LLC		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
531120	Holding Investments					
5. State of Formation						
Rhode Island						
6. Principal Office Address	•		City	State	Zıp	
P O Box 512			Long Key	FL	33001	
7. Mailing Address of Limited L		any and Name o				
Contact Name Gail L. Ellington	1		Contact Title Member			
Street Address P O Box 512			City Long Key	State FL	Z <sub>IP</sub> 33001	
8. List ALL managers (names	and addresse	s) of the Limited	Liability Company, IF APPLICA	BLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name		•	Manager Name			
Street Address		·	Street Address			
City	State	Zip	City	State	Zıp	
			Check the box to indicate an attachment			
9. Resident Agent in Rhode Isl	and. This inform	mation is currently	of record with the Department of S	tate. Changes require filir	ng Form 642.	
Under penalty of perjury, I destatements, and that all state			examined this report, includi true and correct.	ng any accompanyin	g schedules and	
Name of Authorized Person Date						
Gail L. Ellington						
Signature of Authorized Person	leng	bv sig	N 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