State of Rhode Island and Providence Plantations
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.

FILED

NOV 0 6 2020

BY 20944

1. Entity ID Number	2. Exact name of the Limited Liability Company			
266274	Table Rock, LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
531390	Holding Company for Personal Real Estate			
5. State of Formation				
Rhode Island				

6. Principal Office Address		City	State	Zip
C/O 875 Greentree Rd, Bldg 7, Suite 1000		Pittsburgh	PA	15220

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name		Contact Title		
S. Matthews V Hamilton		President		
Street Address		City	State	Zip
C/O 875 Greentree Rd, Bldg 7, Suite 1000		Pittsburgh	PA	15220

8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS

Manager Name			Manager Name		
S. Matthews V Hamilton					
Street Address			Street Address		
C/O 875 Greentree Rd, Bldg 7, Suite 1000					
City	State	Zip	City	State	Zip
Pittsburgh	PA	15220			
Manager Name			Manager Name		
Anne F Hamilton					
Street Address			Street Address		
C/O 875 Greentree Rd, Bldg 7, Suite 1000					
City	State	Zip	City	State	Zip
Pittsburgh	PA	15220			

Check the box to indicate an attachment ☐

9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. 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
S. Matthews V Hamilton	10/30/2020
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

FORM 632 - Revised: 10/2017