	~
¿	—¥



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

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.

	NOV 1 2 2020
BY_	1276
	DS

		The state of the s				
1. Entity ID Number	2. Exact name of the Limited Liability Company					
142417	Under One Roof, LLC					
3. NAICS Code	4. Brief des	cription of the chara	cter of business conducted	I in Rhode Island		
531311	Acquiring, developing, owning, leasing, mortgaging, operating and disposing of real estate.					
5. State of Formation	1		J. J. J.	J. , J	, ,	
Rhode Island						
6. Principal Office Address			City	State	Zip	
1150 Pontiac Avenue	1150 Pontiac Avenue			RI	02920	
7. Mailing Address of Limited Lia	bility Compar	ny and Name or Title	e of Contact Person	•		
Contact Name Eleanor C. Tally			Contact Title Member			
Street Address 1150 Pontiac Avenue		City Cranston	State RI	Zip 02920		
8. List ALL managers (names a	nd addresses	of the Limited Liab	ility Company, IF APPLICA	BLE - DO NOT LIST I	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	Zıp	City	State	Zip	
		·	<u> </u>	Check the box to i	ndicate an attachment	
9. Resident Agent in Rhode Islan	nd. This inform	ation is currently of re	cord with the Department of St	ate. Changes require filir	ng Form 642.	
Under penalty of perjury, I dec statements, and that all staten				ng any accompanyin	g schedules and	
Name of Authorized Person Eleanor C. Tally Signature of Authorized Person	Hunn	c Tal	4	Date	1/14/20	
Signature of Authorized Person		3 1 + . 1	A second			

MAIL TO:

Division of Business Services

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

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