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.

| Entity ID Number | 2. Exact nar | 2. Exact name of the Limited Liability Company | | | | |
|---|--------------------------------------|--|---|----------------------|-----------------|--|
| 1693319 | 4 MARKET | 4 MARKET STREET, LLC | | | | |
| 3. NAICS Code | 4. Brief desc | Brief description of the character of business conducted in Rhode Island | | | | |
| 531190 | Lessors of m | Lessors of mixed-use real estate. | | | | |
| 5. State of Formation | | | | | | |
| Rhode Island | | | | | | |
| 6. Principal Office Address | | | City | State | Zip | |
| 17 Campbell Street | | | Warren | RI | 02885 | |
| 7. Mailing Address of Limited | | y and Name or Ti | | | | |
| Contact Name Thomas E. Wright, Esq. | | | Contact Title Registered Agent | | | |
| Street Address 572 Main Street | | | City Warren | State RI | Zip 02885 | |
| 8. List ALL managers (name | s and addresses) | of the Limited Lia | bility Company, IF APPLIC | ABLE - DO NOT LIST I | MEMBERS | |
| Manager Name Leslie A. Hartwell . | | | Manager Name | | | |
| Street Address 17 Campbell Street | | | Street Address | | | |
| City Warren | State RI | Zip 02885 | City | State | Zip | |
| Manager Name David Jameson | | | Manager Name | | | |
| Street Address 17 Campbell Street | | | Street Address | | | |
| City Warren | State RI | Zip 02885 | City | State | Zip | |
| Check the box to indicate an attachment | | | | | | |
| 9. The Resident Agent inform | | | | | | |
| Under penalty of perjury, i statements, and that all sta | declare and affir tements contain | m that I have exa ed herein are tru | mined this report, include and correct. | ling any accompanyin | g schedules and | |
| 1 | | | | | / | |
| Leslie A. Hartwell & David J. | | | | /0/3 | 0/2020 | |
| Signature of Authorized Person | | | | | | |
| Jyseul Harlock Pany Way | | | | | | |
| Name of Authorized Person | ameson | m that I have exa | e and correct. | | Schedules and | |

MAIL TO:

Division of Business Services

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

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