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BUS SVCS DIV



State of Rhode Island

Annual Report for the year: $\frac{2019}{}$

→ Filing period: September 1 - November 1

Limited Liability Company

Department of State - Business Services Division

2020 NOV 16 A 9:3470 OCT 21 P 3:28

| → Filing Fee: \$50.00 → Penalty. Additional \$ | 25 00 foo if form | in not filed by D | locombor 1 | _ | | |
|---|----------------------|---|---|---------------------------------------|------------------------|--|
| | 925.00 lee ii lumii | is not liled by L | december 1. | | | |
| Entity ID Number | 2. Exact na | 2. Exact name of the Limited Liability Company | | | | |
| 000941917 | 1741 Corn | 1741 Corn Neck Holdings, LLC | | | | |
| 3 NAICS Code | 4. Brief des | 4. Brief description of the character of business conducted in Rhode Island | | | | |
| 531110 | Residentia | Residential Rental | | | | |
| 5. State of Formation | | | | | | |
| RI | | | | | | |
| 6. Principal Office Address | | | City | State | Zip | |
| 1741 Corn Neck Road | | | Block Island | RI | 02807 | |
| 7. Mailing Address of Limit | | iny and Name o | r Title of Contact Person | · · · · · · · · · · · · · · · · · · · | . | |
| Contact Name Melissa J. Hempstead | | | Contact Title President | | | |
| Street Address 18 Hopetown Road | | | Cily Mt. Pleasant | State SC. | Zip 29464 | |
| 8. List ALL managers (nai | mes 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 | Zıp | City | State | Zıp | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zıp | City | State | Zıp | |
| _ | | <u>_</u> | I | Check the box to | indicate an attachment | |
| 9. The Resident Agent info | ormation currently o | of record with the | e RI Department of State is acc | urate. Changes requi | re filing Form 642. | |
| Under penalty of perjury statements, and that all | | | examined this report, including true and correct. | ng any accompanyir | ng schedules and | |
| Name of Authorized Perso | on | | | Date / | 100 | |
| Melissa J. Hempstead | | | | 100 | 18,2020 | |
| Signature of Authorized Pe | . 1 | <i></i> | | | | |
| Melusa | Heryps | tues | _ | | | |

MAIL TO:

Division of Business Services

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

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

NOV 16 2020

FORM 632 / Revised: 08/2020