



State of Rhode Island

Department of State - Business Services Division

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2020 NOV 16 A 9:35

Annual Report for the year: 2018

## 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.

|                                                                                                                                                                                                      |       |                                                                                                   |                            |                       |              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------------------------------------------------|----------------------------|-----------------------|--------------|
| 1 Entity ID Number<br>000941917                                                                                                                                                                      |       | 2. Exact name of the Limited Liability Company<br>1741 Corn Neck Holdings, LLC                    |                            |                       |              |
| 3. NAICS Code<br>531110                                                                                                                                                                              |       | 4. Brief description of the character of business conducted in Rhode Island<br>Residential Rental |                            |                       |              |
| 5 State of Formation<br>RI                                                                                                                                                                           |       |                                                                                                   |                            |                       |              |
| 6. Principal Office Address<br>1741 Corn Neck Road                                                                                                                                                   |       |                                                                                                   | City<br>Block Island       | State<br>RI           | Zip<br>02807 |
| 7 Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                   |       |                                                                                                   |                            |                       |              |
| Contact Name<br>Melissa J. Hempstead                                                                                                                                                                 |       |                                                                                                   | Contact Title<br>President |                       |              |
| Street Address<br>18 Hopetown Road                                                                                                                                                                   |       |                                                                                                   | City<br>Mt. Pleasant       | State<br>SC           | Zip<br>29464 |
| 8 List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - 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                 | Zip          |
| Check the box to indicate an attachment <input type="checkbox"/>                                                                                                                                     |       |                                                                                                   |                            |                       |              |
| 9 The Resident Agent information currently of record with the RI Department of State is accurate. 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<br>Melissa J. Hempstead                                                                                                                                                    |       |                                                                                                   |                            | Date<br>Oct. 18, 2020 |              |
| Signature of Authorized Person<br><i>Melissa Hempstead</i>                                                                                                                                           |       |                                                                                                   |                            |                       |              |

## MAIL TO:

Division of Business Services

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BY *8CTZF*

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