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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.

1. Entity ID Number	2 Evact name	of the Limited Lie	hility Company		
793496	2. Exact name of the Limited Liability Company Clark Street, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
531311	To hold and manage Real Estate				
5 State of Formation					
Rhode Island					
6. Principal Office Address			City	State	Zip
1988 Louisquisset Pike			Lincoln	RI	02865
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Michael F. Elliott			Contact Title Manager		
Street Address 1988 Louisquisset Pike			City Lincoln	State RI	^{Zip} 02865
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Michael F. Elliott			Manager Name John Trojan, Jr.		
Street Address 1988 Louisquisset Pike			Street Address 1988 Louisquisset Pike		
City Lincoln	State RI	^{Zip} 02865	City Lincoln	State RI	^{Zip} 02865
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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	
Michael F. Elliott				10.3	0.20
Signature of Authorized Person SIGN DOCUMENT HERE					

MAIL TO:

Division of Business Services

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

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

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