



State of Rhode Island

Department of State - Business Services Division

FILED

NOV 17 2020

BY 21582  
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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<br>321646                                                                                                                                                                        |       | 2. Exact name of the Limited Liability Company<br>25 KENNEDY LANE REALTY, LLC                          |                |             |              |
| 3. NAICS Code<br>531390                                                                                                                                                                              |       | 4. Brief description of the character of business conducted in Rhode Island<br>REAL ESTATE DEVELOPMENT |                |             |              |
| 5. State of Formation<br>RHODE ISLAND                                                                                                                                                                |       |                                                                                                        |                |             |              |
| 6. Principal Office Address<br>79 FRANKLIN STREET                                                                                                                                                    |       | City<br>WESTERLY                                                                                       |                | State<br>RI | Zip<br>02891 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |       |                                                                                                        |                |             |              |
| Contact Name<br>ROBERT PUDDICOMBE                                                                                                                                                                    |       |                                                                                                        | Contact Title  |             |              |
| Street Address<br>79 FRANKLIN STREET                                                                                                                                                                 |       | City<br>WESTERLY                                                                                       |                | State<br>RI | Zip<br>02891 |
| 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>ROBERT PUDDICOMBE                                                                                                                                                       |       |                                                                                                        |                | Date        |              |
| Signature of Authorized Person<br>                                                                                                                                                                   |       |                                                                                                        |                |             |              |

MAIL TO:

Division of Business Services

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