



State of Rhode Island

Department of State - Business Services Division

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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 000137308		2. Exact name of the Limited Liability Company SCRABBLETOWN PROFESSIONAL CENTER, LLC			
3. NAICS Code 531311		4. Brief description of the character of business conducted in Rhode Island TO OWN AND MANAGE REAL ESTATE			
5. State of Formation RHODE ISLAND					
6. Principal Office Address 1130 TEN ROD ROAD, SUITE E 207			City NORTH KINGSTOWN	State RI	Zip 02852
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name LYNN F. MORAN			Contact Title		
Street Address 1130 TEN ROD ROAD, SUITE E-207			City NORTH KINGSTOWN	State RI	Zip 02852
8 List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name NONE			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 LYNN F. MORAN				Date 11/3/2020	
Signature of Authorized Person 					

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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BY Ch Cat # 2845
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