

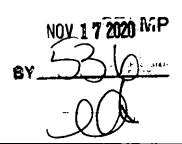
FILED

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 000084810	2. Exact name of the Limited Liability Company 403 Atlantic Avenue, LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
531110	Real Estate Holding				
5. State of Formation	1				
RI					
6. Principal Office Address			City	State	Zıp
4 Cedar Crest Drive			Westerly	RI	02891
7 Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name David J. Keenan			Contact Title Member		
Street Address 3548 N. Oakley Avenue #2			City Chicago	State IL	^{Zip} 60618
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	Z _I p	City	State	Zıp
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zıp	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					
DAVID J. KREMAN 115 2020					
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