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2020 Annual Report for the year: **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. Exact name of the Limited Liability Company						
000140205	512 Main Street, LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
53)))(Own and manage real estate and engage in related business						
5. State of Formation	1						
RI							
6. Principal Office Address			City	State		Zip	
PO Box 5327			South Kingstown	RI		02880	
7. Mailing Address of Limited Lia		and Name or Titl	e of Contact Person	1_	,		
Contact Name Patricia Fitzmaurice			Contact Title				
Street Address PO Box 5327			City South Kingstown	State	RI	Žip 02880	
8. List ALL managers (names a	nd addresses)	of the Limited Liab	pility Company, IF APPLICABLE	- DO NOT	LIST MEN	MBERS	
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							
9. The Resident Agent informati	on currently of	record with the RI	Department of State is accurate	e. Changes	require fili	ing Form 642.	
Under penalty of perjury, I dec statements, and that all stater	clare and affiri ments contain	n that I have examed herein are true	mined this report, including a e and correct.	any accomp	anying s	chedules and	
Name of Authorized Person					Date		
Patricia Fitzmaurice					11/12/20		
Signature of Authorized Person							
Pata Fitzvarnie		 · · · · · · · · · · · · · · · · · · 					

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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