



State of Rhode Island  
**Department of State - Business Services Division**

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.

**FILED**  
 NOV 18 2020  
 BY 2309

1. Entity ID Number 1658767		2. Exact name of the Limited Liability Company 26 Swcency, LLC			
3. NAICS Code 531110		4. Brief description of the character of business conducted in Rhode Island To hold and manage real estate			
5. State of Formation RI					
6. Principal Office Address 26 Swcency Lane		City Bristol	State RI	Zip 02809	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Gardiner Bowen		Contact Title Member			
Street Address 5 Prospect Street		City Bristol	State RI	Zip 02809	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name None		Manager Name None			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name None		Manager Name None			
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.					
<i>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.</i>					
Name of Authorized Person Gardiner Bowen				Date 11/13/20	
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](http://www.sos.ri.gov)