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.						NOV 1 8 2020		
Entity ID Number	2. Exact name	Company	_		0			
935771	65 Court Street, LLC							
5. State of Formation	4. Brief description of the character of business conducted in Rhode Island To hold and manage real estate							
6. Principal Office Address			City			State	Zip	
65 Court Street			Bristol			RI	02809	
7. Mailing Address of Limited Lia	bility Company a	and Name or Title	of Co	ntact Person				
Contact Name Gardiner Bowen			Contact Title Member					
Street Address 5 Prospect Street			City	Bristol		State R1	Zip ()28()9	
8. List ALL managers (names a	nd addresses) of	the Limited Liabi		•	BLE - D	O NOT LIST I	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

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

State

Date

Zip

Check the box to indicate an attachment

## MAIL TO:

City

**Division of Business Services** 

Name of Authorized Person

Signature of Authorized Person

Gardiner Bowen

148 W. River Street, Providence, Rhode Island 02904-2615

State

statements, and that all statements contained herein are true and correct.

Zip

Phone: (401) 222-3040 Website: www.sos.ri gov