



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year:
Limited Liability Company

NOV 18 2020
 BY 2311
 LD

- 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 919497 | | 2. Exact name of the Limited Liability Company 28 Catherine, LLC | |
| 3. NAICS Code 531110 | | 4. Brief description of the character of business conducted in Rhode Island To hold and manage rental property | |
| 5. State of Formation RI | | | |
| 6. Principal Office Address 28 Catherine Street | | 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 | City | State |
| Zip | | Zip | |
| Manager Name None | | Manager Name None | |
| Street Address | | Street Address | |
| City | State | City | State |
| Zip | | 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 11/18/20 |
| Signature of Authorized Person | | | |

MAIL TO:
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