



Department of State - Business Services Division

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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	2. Exact name of the Limited Liability Company				
151022	RCFLL, LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
531390	Hold and benefit from certain investments in real property and any other lawful purpose.				
5. State of Formation					•
Rhode Island					
6. Principal Office Address			City	State	Zip
99 Hartford Avenue			Providence	RI	02909
7. Mailing Address of Limited Lia		y and Name or Tit			<u> </u>
Contact Name Christopher M. Byrnes			Contact Title Manager		
Street Address 99 Hartford Avenue			City Providence	State RI	Zip 02909
8. List ALL managers (names ar		of the Limited Lia	bility Company, IF APPLICA	BLE - DO NOT LIST I	MEMBERS
Manager Name Christopher M. Byrnes			Manager Name		
Street Address 99 Hartford Avenue			Street Address		
City Providence	State RI	Zip 02909	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
	<u> </u>			Check the box to i	ndicate an attachment
9. The Resident Agent information	on currently of	record with the RI	Department of State is accu	ırate. Changes requir	e filing Form 642.
Under penalty of perjury, I dec statements, and that all staten				ng any accompanyin	g schedules and
Name of Authorized Person				Date	1 1
Christopher M. Byrnes, Manager				10/2	2020
Signature of Authorized Person					

MAIL TO:

Division of Business Services

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