



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

**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.

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|   |                    |   |      |                                 |                     |
|---|--------------------|---|------|---------------------------------|---------------------|
| 1. Entity ID Number<br><b>001696842</b>   |                    | 2. Exact name of the Limited Liability Company<br><b>Samizdat Capital, LLC</b>  |      |                                 |                     |
| 3. NAICS Code<br><b>53120</b>   |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>Business of making investments of all types</b> |      |                                 |                     |
| 5. State of Formation<br><b>MA</b>  |                    |   |      |                                 |                     |
| 6. Principal Office Address<br><b>72 Farm Street</b>  |                    | City<br><b>Dover</b>  |      | State<br><b>MA</b>              | Zip<br><b>02030</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |                    |   |      |                                 |                     |
| Contact Name<br><b>Frederick C. Lane</b>  |                    | Contact Title<br><b>Manager</b>   |      |                                 |                     |
| Street Address<br><b>72 Farm Street</b>   |                    | City<br><b>Dover</b>  |      | State<br><b>MA</b>              | Zip<br><b>02030</b> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |                    |   |      |                                 |                     |
| Manager Name<br><b>Frederick C. Lane</b>  |                    | Manager Name  |      |                                 |                     |
| Street Address<br><b>72 Farm Street</b>   |                    | Street Address  |      |                                 |                     |
| City<br><b>Dover</b>  | State<br><b>MA</b> | Zip<br><b>02030</b>   | City | State                           | Zip                 |
| Manager Name  |                    | Manager Name  |      |                                 |                     |
| Street Address  |                    | Street Address  |      |                                 |                     |
| City  | State              | Zip   | City | State                           | Zip                 |
| Check the box to indicate an attachment <input type="checkbox"/>  |                    |   |      |                                 |                     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.   |                    |   |      |                                 |                     |
| <b>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.</b> |                    |   |      |                                 |                     |
| Name of Authorized Person<br><b>Frederick C. Lane</b>   |                    |   |      | Date<br><b>October 14, 2020</b> |                     |
| Signature of Authorized Person<br><i>Frederick C. Lane</i>  |                    |   |      | SIGN DOCUMENT HERE              |                     |

**MAIL TO:****Division of Business Services**

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