



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 - Email: corporations@sos.ri.gov - Website: www.sos.ri.gov

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2020**

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>001696843</b>		2. Exact name of the limited liability company <b>Brick by Brick, LLC</b>			
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>Property Ownership and Property Management</b> <span style="float: right;">531110</span>			
5. Principal office address <b>303 Jefferson Boulevard</b>		City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Donovan Currier</b>		Contact Title <b>Member</b>			
Street Address <b>303 Jefferson Boulevard</b>		City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This Information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

**FILED**  
 NOV 17 2020 *R*  
 004369

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_

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.

*Donovan Currier*  
 Signature of Authorized Person \_\_\_\_\_ Date \_\_\_\_\_

**Donovan Currier**  
 Print or Type Name of Authorized Person

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