

**FILED** 

## Annual Report for the year: $\frac{2020}{}$ **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				
308189	E.F. Bucklin Holding, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island  To acquire, own, develop, improve, operate and/or dispose of real property				
531190					
5. State of Formation					
Rhode Island					
6. Principal Office Address			City	State	Zip
394 Smith Street			North Kingstown	RI	02852
7. Mailing Address of Limited Lia	bility Company	and Name or Title	e of Contact Person		
Contact Name Edward F. Bucklin IV			Contact Title Member		
Street Address 394 Smith Street			City North Kingstown	State RI	<sup>Zip</sup> 02852
8. List ALL managers (names a	nd addresses)	of the Limited Liab	ility Company, IF APPLICABLE	- DO NOT LIST	MEMBERS
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zıp	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
	1			Check the box to	indicate an attachment
9. The Resident Agent Information	on currently of	record with the RI	Department of State is accura-	te. Changes requi	re filing Form 642
Under penalty of perjury, I ded statements, and that all states				ny accompanyir	ig schedules and
Name of Authorized Person				Date	
Edward F. Bucklin IV			11/18/2020		
Signature of Authorized Person	Bucklen	少年		- · · · · · · · · · · · · · · · · · · ·	

## MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

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