



State of Rhode Island

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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 BUS SVCS DIV
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1. Entity ID Number <u>00148569</u>		2. Exact name of the Limited Liability Company <u>U Her Street II, LLC</u>			
3. NAICS Code <u>53110</u>		4. Brief description of the character of business conducted in Rhode Island <u>rental property</u>			
5. State of Formation <u>R. I.</u>					
6. Principal Office Address <u>16 U Her Street</u>			City <u>Westerly</u>	State <u>RI</u>	Zip <u>02891</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>Maria Lennon F/K/a Maria Ackley</u>			Contact Title <u>Member</u>		
Street Address <u>11 Cormorant Road</u>			City <u>Mystic</u>	State <u>CT</u>	Zip <u>06355</u>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
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
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.					
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.					
Name of Authorized Person <u>Maria Lennon F/K/a Maria Ackley</u>				Date <u>11/20/20</u>	
Signature of Authorized Person <u>Maria Lennon F/K/a Maria Ackley</u>					

MAIL TO:

Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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BY

FORM 632 - Revised: 08/2020