

R.I. DEPT. OF STATE BUS SYCS DIV

2020 NOV 30 AM II: 07 TOTAL TOTAL

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				
000507279	9 King Tom Drive, LLC				
3. NAICS Code 531110	Brief description of the character of business conducted in Rhode Island Own real estate				
5. State of Formation					
Rhode Island					
6. Principal Office Address			City	State	Zip
50 South Arnolda Road			Charlestown	RI	02813
7. Mailing Address of Limited Lia	ability Compan	y and Name or Tit	le of Contact Person		
Contact Name Shawn P. Harriman			Contact Title		
Street Address 50 South Arnolda Road			City Charlestown	State RI	Zip 02813
8. List ALL managers (names a	nd addresses)	of the Limited Lia	bility Company, IF APPLICAE	BLE - DO NOT LIST	MEMBERS
Manager Name Shawn P. Harriman			Manager Name		
Street Address 50 South Arnolda Road			Street Address		
City Charlestown	State RI	Zip 02813	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zıp
				Check the box to	indicate an attachment
9. The Resident Agent informati	on currently of	record with the R	I Department of State is accu	ırate. Changes requi	re filing Form 642.
Under penalty of perjury, I des statements, and that all states	clare and affii ments contair	rm that I have ext ned herein are tru	amined this report, including and correct.	g any accompanyii	ng schedules and
Name of Authorized Decease					
Shawa P. Harriman 11/25/2020					
Signature of Authorized Person					
The state of the s					

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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