



State of Rhode Island  
Department of State - Business Services Division

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2020 DEC -1 PM 4:17

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.

|   |       |  |                                   |                         |     |
|---|-------|--|-----------------------------------|-------------------------|-----|
| 1. Entity ID Number<br><b>001697370</b>   |       | 2. Exact name of the Limited Liability Company<br><b>BOOKS ON THE POND, LLC</b>                        |                                   |                         |     |
| 3. NAICS Code<br><b>453 998</b>   |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>retail bookstore</b> |                                   |                         |     |
| 5. State of Formation<br><b>RHODE ISLAND</b>  |       |  |                                   |                         |     |
| 6. Principal Office Address<br><b>289 NARROW LANE</b>   |       | City<br><b>CHARLESTOWN</b>   | State<br><b>RI</b>                | Zip<br><b>02813</b>     |     |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |  |                                   |                         |     |
| Contact Name<br><b>ALEXANDRA LEHMANN</b>  |       |  | Contact Title<br><b>PRESIDENT</b> |                         |     |
| Street Address<br><b>289 NARROW LANE</b>  |       | City<br><b>CHARLESTOWN</b>   | State<br><b>RI</b>                | Zip<br><b>02813</b>     |     |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |       |  |                                   |                         |     |
| Manager Name<br><b>N/A</b>  |       | Manager Name<br><b>N/A</b>   |                                   |                         |     |
| Street Address  |       | Street Address   |                                   |                         |     |
| City  | State | Zip  | City                              | State                   | Zip |
| Manager Name<br><b>N/A</b>  |       | Manager Name<br><b>N/A</b>   |                                   |                         |     |
| 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.   |       |  |                                   |                         |     |
| <i>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.</i> |       |  |                                   |                         |     |
| Name of Authorized Person<br><b>ALEXANDRA LEHMANN</b>   |       |  |                                   | Date<br><b>11/24/20</b> |     |
| Signature of Authorized Person<br>  |       |  |                                   |                         |     |

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

**FILED**

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BY PERZOS  
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