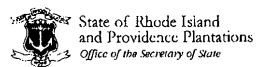
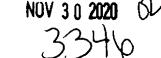
RI SOS Filing Number: 202078387010 Date: 11/30/2020 4:00:00 PM

FILED





A. Raiph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, Rt 02904-2615 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2020

Filing Period: Septembor 1 - November 1 - Filing Fee: \$50.00* - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

					··		
1.10 % 001698837	2. Exact name of the limited Hability company B837 P3 ENTERPRISE, LLC						
	TO CHITCH MOL,		_ · ·				
3. State of Formation	4. Brief description	on of the character of the	business which is actually conducted in R	Bode Island			
Rhode Island Real CS			tale holding 53/110				
5. Principal office addres	:S		City	State	Z(p		
1 Crosswind Road			Westerly	RI	02891		
6. MAILING ADDRI	ESS OF LIMITED LIABI	LITY COMPANY AL	ND NAME OR TITLE OF CONTA	CT PERSON:			
Contact Name			Contact Title	Contact Title			
William A. Nardone			Agent	Agent			
Street Address			City	Sate	Zip		
42 Granite Street			Westerly	RI	02891		
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIFE FILL IN SPACES BEFORE USING A Manager Nume			TED LIABILITY COMPANY, IF A SING ATTACHMENTS ("X" BOX Manager Nume	BILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS TACHMENTS ("X" BOX FOR ATTACHMENT) Alamager Name			
Street Address			Street Address	Sirvel Address			
Clry	State	ZIp	City:	State	Z.Ip		
Manager Name			Alamager Nome	Manager Nome			
Street Address			Street Address	Street Address			
City	State	ZIp	City	State	Ζψ		
8. RESIDENT AGE	 NT IN RHODE ISLAND	$\sim 10^{-3}$		• • • • • • • • • • • • • • • • • • •	, , , , , , , , , , , , , , , , , , ,		
,		Office of the Secretar	ry of State. Changes require filing	of Form 642 - R.I.G.L. 7-	16-11		
11110111111111111111111111111111	and the second second			 			

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

001698837

File Date	<u>}. \ \</u>	<u> </u>	
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Check No.	.:	- 7	\ · · · -
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By:	-		
	FOR SECK	USTARY OF STATE USE	ONLY

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.

Signature of adhorized Person Date

Print or Type Name of Authorized Person