



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

DEC 07 2020 STAMP

BY 253 FOR SECRETARY OF STATE

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 001673144		2. Exact name of the Limited Liability Company 29 HILLSIDE, LLC			
3. NAICS Code 531110		4. Brief description of the character of business conducted in Rhode Island REAL ESTATE			
5. State of Formation RHODE ISLAND		531110			
6. Principal Office Address 189 POCASSET AVENUE			City PROVIDENCE	State RI	Zip 02909
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name ARIEL M. MELGAR			Contact Title MANAGER		
Street Address 29 HILLSIDE AVENUE			City JOHNSTON	State RI	Zip 02919
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. Resident Agent in Rhode Island. This information is currently of record with the Department of State. 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 ARIEL M. MELGAR				Date 12/01/2020	
Signature of Authorized Person 			SIGN DOCUMENT HERE		

MAIL TO:
 Division of Business Services
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