	State of Rhode Island Office of the Secretary of State	Fee: \$50.00
	Division Of Business Services 148 W. River Street	
HOPE	Providence RI 02904-2615 (401) 222-3040	
Limited Liability Co Annual Report Filing Period: September		
	L. 7-16-66(d), each limited liability company failing or refus thin thirty (30) days after the time prescribed by law (R.I.G. a penalty fee of \$25.00.	
ANNUAL REPORT YEA	<b>R</b> : <u>2020</u>	
1. ID No. <u>0016627</u>	33	
2. Exact Name of the	Limited Liability Company 22 Algonquin, LLC	
3. State of Formation		
State: <u>RI</u>		
	ARTICLE III	
the list of codes here. M	S Code that best describes the primary business conducted ore information on <u>NAICS</u> can be found online.	d by the entity. Download
•	S Code that best describes the primary business conducted	d by the entity. Download
the list of codes <u>here.</u> M	S Code that best describes the primary business conducted	
the list of codes <u>here.</u> M <u>531110</u> 4. Brief Description of	S Code that best describes the primary business conducted ore information on <u>NAICS</u> can be found online.	
the list of codes <u>here.</u> M <u>531110</u> 4. Brief Description of OWN, LEASE, DEVE	S Code that best describes the primary business conducted ore information on <u>NAICS</u> can be found online.	
the list of codes <u>here.</u> M <u>531110</u> <b>4. Brief Description of</b> <u>OWN, LEASE, DEVE</u> <b>5. Principal Office Add</b> No. and Street:	S Code that best describes the primary business conducted ore information on <u>NAICS</u> can be found online.	
the list of codes <u>here.</u> M <u>531110</u> <b>4. Brief Description of</b> <u>OWN, LEASE, DEVE</u> <b>5. Principal Office Add</b> No. and Street: City or Town:	S Code that best describes the primary business conducted ore information on <u>NAICS</u> can be found online. the Character of the Business Which is Actually Condu- LOP, AND MANAGE REAL ESTATE ress <u>PO BOX 5244</u>	ucted in Rhode Island Country: <u>USA</u>
the list of codes <u>here.</u> M <u>531110</u> 4. Brief Description of OWN, LEASE, DEVE 5. Principal Office Add No. and Street: City or Town:  6. Mailing Address of Contact Name: Contact No. and Street:	S Code that best describes the primary business conducted ore information on <u>NAICS</u> can be found online. the Character of the Business Which is Actually Condu- <u>LOP, AND MANAGE REAL ESTATE</u> ress <u>PO BOX 5244</u> <u>WAKEFIELD</u> State: <u>RI</u> Zip: <u>02880</u> Limited Liability Company and Name or Title of Contact ct Title: <u>PO BOX 5244</u>	ucted in Rhode Island Country: <u>USA</u> ct Person:
the list of codes <u>here.</u> M <u>531110</u> 4. Brief Description of OWN, LEASE, DEVE 5. Principal Office Add No. and Street: City or Town: 6. Mailing Address of I Contact Name: Contact No. and Street: City or Town:	S Code that best describes the primary business conducted ore information on NAICS can be found online. the Character of the Business Which is Actually Condu- LOP, AND MANAGE REAL ESTATE ress PO BOX 5244 WAKEFIELD State: RI Zip: 02880 Limited Liability Company and Name or Title of Contact ct Title: PO BOX 5244 WAKEFIELD State: RI Zip: 02880 of Each Manager of the Limited Liability Company, if	ucted in Rhode Island Country: <u>USA</u> ct Person: Country: <u>USA</u>
the list of codes <u>here.</u> M <u>531110</u> 4. Brief Description of OWN, LEASE, DEVE 5. Principal Office Add No. and Street: City or Town:  6. Mailing Address of I Contact Name: Contact No. and Street: City or Town:  7. Name and Address	S Code that best describes the primary business conducted ore information on NAICS can be found online. the Character of the Business Which is Actually Condu- LOP, AND MANAGE REAL ESTATE ress <u>PO BOX 5244</u> WAKEFIELD State: <u>RI</u> Zip: <u>02880</u> Limited Liability Company and Name or Title of Contact of Title: <u>PO BOX 5244</u> MAKEFIELD State: <u>RI</u> Zip: <u>02880</u> of Each Manager of the Limited Liability Company, if ERS	ucted in Rhode Island Country: <u>USA</u> ct Person: Country: <u>USA</u>

## Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

## MARTHA DAY 27 OAK STREET WAKEFIELD , RI 02879

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

**Signed this 23 Day of December, 2020 at 12:23:44 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By MARTHA DAY

Signature of Authorized Person

Form No. 632 Revised 09/07

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