



State of Rhode Island  
Department of State - Business Services Division

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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>540831</b>  |       | 2. Exact name of the Limited Liability Company<br><b>HARVARD STREET LLC</b>                       |                    |                             |     |
| 3. NAICS Code<br><b>531110</b>  |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>REAL ESTATE</b> |                    |                             |     |
| 5. State of Formation<br><b>RI</b>  |       |   |                    |                             |     |
| 6. Principal Office Address<br><b>48 HARVARD STREET</b>   |       | City<br><b>PAWTUCKET</b>  | State<br><b>RI</b> | Zip<br><b>02860</b>         |     |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |   |                    |                             |     |
| Contact Name<br><b>ROBERT MILNE COUNIHAN</b>  |       | Contact Title<br><b>OWNER</b>   |                    |                             |     |
| Street Address<br><b>48 HARVARD STREET</b>  |       | City<br><b>PAWTUCKET</b>  | State<br><b>RI</b> | Zip<br><b>02860</b>         |     |
| 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. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.   |       |   |                    |                             |     |
| <b>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.</b> |       |   |                    |                             |     |
| Name of Authorized Person<br><b>ROBERT M. COUNIHAN</b>  |       |   |                    | Date<br><b>JAN 18, 2021</b> |     |
| Signature of Authorized Person<br><b>Robert M Counihan</b>  |       |   |                    |                             |     |

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