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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	2. Exact name of the Limited Liability Company
001694442	**440 MAIN ST LLC**
3. NAICS Code 531120	4. Brief description of the character of business conducted in Rhode Island ALL ASPECTS OF REAL ESTATE
5. State of Formation RI	

6. Principal Office Address	City	State	Zip
429 MAIN STREET	WARREN	RI	02885

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name	Contact Title			
HIRUM A JAMIEL				
Street Address: PO BOX 405	City: WARREN	State: RI	Zip: 02885	

8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**

Manager Name	Manager Name		
HIRUM A JAMIEL			
Street Address: 429 MAIN STREET	Street Address		
City: WARREN / State: RI / Zip: 02885	City / State / Zip		
Manager Name	Manager Name		
Street Address	Street Address		
City / State / Zip	City / State / Zip		

Check the box to indicate an attachment ☐

9. The Resident Agent information currently of record with the RI Department of State is accurate. 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	Date
HIRUM A JAMIEL	3/29/21

Sig:

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov