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

FILED
APR 02 2021
BY 19087

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		
117308	**Castlemaine, LLC**		
3. NAICS Code **53110**	4. Brief description of the character of business conducted in Rhode Island **chase, hold and sell real estate and personal property**		
5. State of Formation **Rhode Island**			
6. Principal Office Address **23 Lucas Avenue**	City **Newport**	State **RI**	Zip **02840**

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

Contact Name **Timothy J. Brown**	Contact Title		
Street Address **23 Lucas Ave**	City **Newport**	State **RI**	Zip **02840**

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 ☐

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 **Timothy J. Brown**	Date 3/24/21
Signature of Authorized Person Timothy J. Brown SIGN DOCUMENT HERE	

MAIL TO:
Division of Business Services
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