

R.I. DEFTLOF STATE BUS SVCS DIV

-2021 APR -9 AM 8: 57

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	12 Event	المحاضدا المحاضدا	ishifty Company			
7078829	2. Exact name of the Limited Liability Company 60 Warner Street, LLC					
3. NAICS Code	Brief description of the character of trusiness conducted in Rhode Island					
531110	Real Estate Property Rentals					
5. State of Formation	7					
Rhode Island						
6. Principal Office Address	· •		City	State	Zip	
840 Thames Street			Newport	RI	02840	
7. Mailing Address of Limited L	iability Company	and Name or Tit				
Contact Name Ryan Debin			Contect Tide Owner			
Street Address PO Box 127	ddress PO Box 127			State MA	Zp 01770	
8. List ALL managers (names	and addresses)	of the Limited List	odity Company, IF APPLICA	BLE - DO NOT LIST M	EMBERS	
Manager Name Ryan Debin			Manager Name			
Street Address PO Box 127			Street Address			
Crity Sherborn	State MA	^{Žip} 01770	Cay	State	Zip	
Manager Name			Manager Neme			
Street Address			Street Address			
City	State	Zıp	City	State	Zip	
		<u> </u>		Check the box to in	dicate an attachment	
9. The Resident Agent informa	tion currently of	record with the RI	Department of State is acc	urate. Changes require	filing Form 642.	
Under penalty of parjury, I destatements, and that all state				ng any accompanying	schedules and	
Name of Authorized Person				Date	Date	
Alexa Goldin				April 7,	April 7, 2021	
Signature of Authorized Person	i Q					

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov FILFD

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FORM 632 - Revised, 08/2020