



State of Rhode Island  
Department of State - Business Services Division

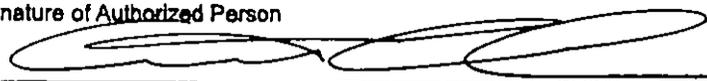
FILED

APR 21 2021

BY 29773  
DS

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>001702136  |       | 2. Exact name of the Limited Liability Company<br>46 Dike Street Holdings, LLC                             |                         |                    |     |
| 3. NAICS Code<br>531390   |       | 4. Brief description of the character of business conducted in Rhode Island<br>Real estate holding company |                         |                    |     |
| 5. State of Formation<br>Rhode Island   |       |  |                         |                    |     |
| 6. Principal Office Address<br>46 Dike Street   |       | City<br>Providence   | State<br>RI             | Zip<br>02908       |     |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |  |                         |                    |     |
| Contact Name<br>Everett Abitbol   |       |  | Contact Title<br>Member |                    |     |
| Street Address<br>46 Dike Street  |       | City<br>Providence   | State<br>RI             | Zip<br>02908       |     |
| 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.   |       |  |                         |                    |     |
| <i>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.</i> |       |  |                         |                    |     |
| Name of Authorized Person<br>Everett Abitbol  |       |  |                         | Date<br>04/05/2021 |     |
| Signature of Authorized Person<br>   |       |  |                         |                    |     |

MAIL TO:  
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