



State of Rhode Island

## Department of State - Business Services Division

FILED

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Annual Report for the year: 2020

## Limited Liability Company

MAY 04 2021

BY 317

→ 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>747881                                                                                                                                                                        |       | 2. Exact name of the Limited Liability Company<br>Butterfield Properties, LLC                       |                      |                   |              |
| 3. NAICS Code<br>531110                                                                                                                                                                              |       | 4. Brief description of the character of business conducted in Rhode Island<br>Real estate holdings |                      |                   |              |
| 5. State of Formation<br>RI                                                                                                                                                                          |       |                                                                                                     |                      |                   |              |
| 6. Principal Office Address<br>36 Warren Avenue                                                                                                                                                      |       |                                                                                                     | City<br>Warren       | State<br>RI       | Zip<br>02885 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |       |                                                                                                     |                      |                   |              |
| Contact Name Eugene Butterfield                                                                                                                                                                      |       |                                                                                                     | Contact Title Member |                   |              |
| Street Address 24 Ernest Street                                                                                                                                                                      |       |                                                                                                     | City Barrington      | State RI          | Zip 02806    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                     |       |                                                                                                     |                      |                   |              |
| Manager Name None                                                                                                                                                                                    |       |                                                                                                     | Manager Name None    |                   |              |
| Street Address                                                                                                                                                                                       |       |                                                                                                     | Street Address       |                   |              |
| City                                                                                                                                                                                                 | State | Zip                                                                                                 | City                 | State             | Zip          |
| Manager Name None                                                                                                                                                                                    |       |                                                                                                     | Manager Name None    |                   |              |
| 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.                                                                  |       |                                                                                                     |                      |                   |              |
| 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<br>Eugene Butterfield                                                                                                                                                      |       |                                                                                                     |                      | Date<br>10/7/2020 |              |
| Signature of Authorized Person<br>                                                                                                                                                                   |       |                                                                                                     |                      |                   |              |

## MAIL TO:

Division of Business Services

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