State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2019
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		
001100005	**Trilogy Development LLC**		
3. NAICS Code 531390	4. Brief description of the character of business conducted in Rhode Island REAL ESTATE DEVELOPMENT AND INVESTMENTS		
5. State of Formation Rhode Island			
6. Principal Office Address 400 Blackstone Boulevard	City Providence	State RI	Zip 02906

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

Contact Name	Contact Title		
Kevin Chase	Manager		
Street Address 400 Blackstone Boulevard	City Providence	State RI	Zip 02906

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

Manager Name			Manager Name		
Kevin Chase					
Street Address 400 Blackstone Boulevard			Street Address		
City Providence	State RI	Zip 02906	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
Kevin Chase	May _21__, 2021
Signature of Authorized Person	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
JUN 01 2021
BY 99HQC
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