



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

**Annual Report for the year:** 2021  
**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.

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|                                                                                                                                                                                                             |       |                                                                                                              |                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------------------------------------------------------------|---------------------------|
| 1. Entity ID Number<br><b>001663015</b>                                                                                                                                                                     |       | 2. Exact name of the Limited Liability Company<br><b>246 Channel View LLC</b>                                |                           |
| 3. NAICS Code<br><b>531390</b>                                                                                                                                                                              |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Real estate investment</b> |                           |
| 5. State of Formation<br><b>California</b>                                                                                                                                                                  |       |                                                                                                              |                           |
| 6. Principal Office Address<br><b>Four Embarcadero Center, Suite 3620</b>                                                                                                                                   |       | City<br><b>San Francisco,</b>                                                                                | State<br><b>CA</b>        |
|                                                                                                                                                                                                             |       | Zip<br><b>94111</b>                                                                                          |                           |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                              |                           |
| Contact Name <b>Phillip A. Verinsky</b>                                                                                                                                                                     |       | Contact Title <b>Vice President</b>                                                                          |                           |
| Street Address <b>Four Embarcadero Center, Suite 3620</b>                                                                                                                                                   |       | City <b>San Francisco</b>                                                                                    | State <b>CA</b>           |
|                                                                                                                                                                                                             |       | Zip <b>94111</b>                                                                                             |                           |
| 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. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642                                                                    |       |                                                                                                              |                           |
| <b>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.</b> |       |                                                                                                              |                           |
| Name of Authorized Person<br><b>Phillip A. Verinsky</b>                                                                                                                                                     |       |                                                                                                              | Date<br><b>07/08/2021</b> |
| Signature of Authorized Person<br>                                                                                                                                                                          |       |                                                                                                              | SIGN DOCUMENT HERE        |

**MAIL TO:**

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

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 FORM 632 - Revised: 10/2017