



State of Rhode Island

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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STAMP

FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 001702799		2. Exact name of the Limited Liability Company 1262-1264 Broad Street LLC			
3. NAICS Code 531110		4. Brief description of the character of business conducted in Rhode Island Property owner/manager			
5. State of Formation Rhode Island					
6. Principal Office Address 283 Diamond Hill Road		City Woonsocket	State RI	Zip 02895	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Corwin Gaines		Contact Title			
Street Address 283 Diamond Hill Rd		City Woonsocket	State RI	Zip 02895	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Corwin Gaines		Manager Name			
Street Address 283 Diamond Hill Rd		Street Address			
City Woonsocket	State RI	Zip 02895	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 Corwin Gaines				Date 8/12/21	
Signature of Authorized Person <i>Corwin Gaines</i>					

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

AUG 12 2021

BY *PP*

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