State of Rhode Island
Department of State - Business Services Division

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BUS SVCS DIV
2021 AUG 13 PM 12: 01

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	2. Exact name of the Limited Liability Company
001335669	Escape LLC

3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island
531130	Rental storage building
5. State of Formation	
RI	

6. Principal Office Address	City	State	Zip
222 High St.	Pawtucket	RI	02860

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

Contact Name	Contact Title
Angela Kelley	business manager

Street Address	City	State	Zip
1055 Greenwich Ae	Warwick	RI	02886

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

Manager Name	Street Address	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
Kyla Coburn	8-10-2021

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
AUG 13 2021
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