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

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: <b>000148412</b>		2. Exact name of the Limited Liability Company <b>FOURTEEN FIELD STREET, LLC</b>			
3. NAICS Code: <b>531390</b>		4. Brief description of the character of business conducted in Rhode Island: <b>REAL ESTATE HOLDING</b>			
5. State of Formation: <b>Rhode Island</b>					
6. Principal Office Address: <b>64 Orchard Drive</b>			City <b>Cranston</b>	State <b>RJ</b>	Zip <b>02920</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Rogean B. Makowski, in her Capacity as SVP of Webster Bank as co-trustee of the Edward Imperatore Appointive Trust</b>			Contact Title <b>MEMBER</b>		
Street Address <b>50 Kennedy Plaza, Suite 1110</b>			City <b>Providence</b>	State <b>RJ</b>	Zip <b>02903</b>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>FELICIA IMPERATORE</b>			Manager Name <b>NONE</b>		
Street Address <b>200 EAST 67TH STREET, APT 7G</b>			Street Address		
City <b>NEW YORK</b>	State <b>NY</b>	Zip <b>10022</b>	City	State	Zip
Manager Name <b>NONE</b>			Manager Name <b>NONE</b>		
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.					
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 <b>Rogean B. Makowski, in her Capacity as SVP of Webster Bank as co-trustee of the Edward Imperatore Appointive Trust</b>				Date <b>8-20-21</b>	
Signature of Authorized Person <i>Rogean B. Makowski, SVP</i>					

MAIL TO:  
Division of Business Services  
1-8 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

FORM 320 - Revised 10/2017

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FILED

AUG 20 2021  
BY *QPS H9V1H*