



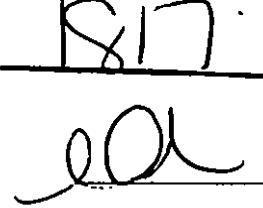
State of Rhode Island

Department of State - Business Services Division

**FILED**

SEP 03 2021

BY

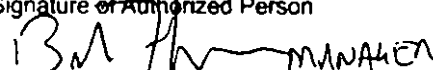

Annual Report for the year: **2021**

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.

|                                                                                                                                                                                                             |             |                                                                                                        |                          |                    |              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------|--------------------------|--------------------|--------------|
| 1. Entity ID Number<br><b>120116</b>                                                                                                                                                                        |             | 2. Exact name of the Limited Liability Company<br><b>CENTERVILLE OFFICE ASSOCIATES, LLC</b>            |                          |                    |              |
| 3. NAICS Code<br>531120                                                                                                                                                                                     |             | 4. Brief description of the character of business conducted in Rhode Island<br>REAL ESTATE INVESTMENTS |                          |                    |              |
| 5. State of Formation<br>Rhode Island                                                                                                                                                                       |             |                                                                                                        |                          |                    |              |
| 6. Principal Office Address<br>33 College Hill Road, Suite 29D                                                                                                                                              |             |                                                                                                        | City<br>Warwick          | State<br>RI        | Zip<br>02886 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |             |                                                                                                        |                          |                    |              |
| Contact Name<br>Brian Friedman                                                                                                                                                                              |             |                                                                                                        | Contact Title<br>Manager |                    |              |
| Street Address<br>33 College Hill Road, Suite 29D                                                                                                                                                           |             |                                                                                                        | City<br>Warwick          | State<br>RI        | Zip<br>02886 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |             |                                                                                                        |                          |                    |              |
| Manager Name<br>Brian Friedman                                                                                                                                                                              |             |                                                                                                        | Manager Name             |                    |              |
| Street Address<br>33 College Hill Road, Suite 29D                                                                                                                                                           |             |                                                                                                        | Street Address           |                    |              |
| City<br>Warwick                                                                                                                                                                                             | State<br>RI | Zip<br>02886                                                                                           | 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. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                         |             |                                                                                                        |                          |                    |              |
| <i>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.</i> |             |                                                                                                        |                          |                    |              |
| Name of Authorized Person<br>Brian Friedman, Manager                                                                                                                                                        |             |                                                                                                        |                          | Date<br>09/01/2021 |              |
| Signature of Authorized Person<br> MANAGER                                                                               |             |                                                                                                        |                          |                    |              |

**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)