



State of Rhode Island

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.

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2021 SEP -7 P 1:09

|                                                                                                                                                                                                      |       |                                                                                                   |                         |                |              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------------------------------------------------|-------------------------|----------------|--------------|
| 1. Entity ID Number<br><b>158201</b>                                                                                                                                                                 |       | 2. Exact name of the Limited Liability Company<br><b>LIN &amp; PHIL ASSOCIATES, LLC</b>           |                         |                |              |
| 3. NAICS Code<br>531120                                                                                                                                                                              |       | 4. Brief description of the character of business conducted in Rhode Island<br>REAL ESTATE RENTAL |                         |                |              |
| 5. State of Formation<br>RI                                                                                                                                                                          |       |                                                                                                   |                         |                |              |
| 6. Principal Office Address<br>112 ROSEMERE ROAD                                                                                                                                                     |       |                                                                                                   | City<br>PAWTUCKET       | State<br>RI    | Zip<br>02861 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |       |                                                                                                   |                         |                |              |
| Contact Name<br>LINDA BARRETT                                                                                                                                                                        |       |                                                                                                   | Contact Title<br>MEMBER |                |              |
| Street Address<br>112 ROSEMERE ROAD                                                                                                                                                                  |       |                                                                                                   | City<br>PAWTUCKET       | State<br>RI    | Zip<br>02861 |
| 8. List <b>ALL</b> managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - <b>DO NOT LIST MEMBERS</b>                                                                       |       |                                                                                                   |                         |                |              |
| 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. 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<br><i>Linda Barrett</i>                                                                                                                                                    |       |                                                                                                   |                         | Date<br>9/7/21 |              |
| Signature of Authorized Person                                                                                                                                                                       |       |                                                                                                   |                         |                |              |

## MAIL TO:

Division of Business Services

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FILED

SEP 07 2021

BY *MA 745*

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FORM 632 - Revised: 08/2020