



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: **2018**

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><b>531120</b>                                                                                                                                                                       |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>REAL ESTATE RENTAL</b> |                                |                       |                     |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                   |       |                                                                                                          |                                |                       |                     |
| 6. Principal Office Address<br><b>112 ROSEMERE ROAD</b>                                                                                                                                              |       | City<br><b>PAWTUCKET</b>                                                                                 |                                | State<br><b>RI</b>    | Zip<br><b>02861</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |       |                                                                                                          |                                |                       |                     |
| Contact Name<br><b>LINDA BARRETT</b>                                                                                                                                                                 |       |                                                                                                          | Contact Title<br><b>MEMBER</b> |                       |                     |
| Street Address<br><b>112 ROSEMERE ROAD</b>                                                                                                                                                           |       | City<br><b>PAWTUCKET</b>                                                                                 |                                | State<br><b>RI</b>    | Zip<br><b>02861</b> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS                                                                                     |       |                                                                                                          |                                |                       |                     |
| 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><i>9/7/21</i> |                     |
| Signature of Authorized Person                                                                                                                                                                       |       |                                                                                                          |                                |                       |                     |

FILED

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

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