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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 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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1. Entity ID Number	2. Exact name of the Limited Liability Company								
169 6197	98-100 Lorimer LLC								
3 NAICS Code 531390 5 State of Formation	4. Brief description of the character of business conducted in Rhode Island Real estate management								
Rhode Island						· · · · · · · · · · · · · · · · · · ·			
6_Principal Office Address 10 Alice Bradley Lane			City Foxboro		State MA		Zip		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person									
Contact Name Stewart A. Broder			Contact Title	Contact Title Member					
Street Address 10 Alice Bradley	Lane		City Foxboro		State	МА	Zip	02035	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS									
Manager Name Co		Manager Name							
Street Address 10 · · ·		<u> </u>	Street Address	Street Address					
City C.	T Stat	<u> </u>	1 ~ity		State		Zip		
Manager Name			Manager Name						
Street Address			Street Address						
City	State	Žip	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_	Date			
Stewart A. Broder	tewart A. Broder			September 1, 2021					
Signature of Authorized Person Stewart A. Brown									

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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