



State of Rhode Island and Providence Plantations

## 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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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------|------------------|-------------------|--------------|
| 1. Entity ID Number<br>1664974                                                                                                                                                                       |             | 2. Exact name of the Limited Liability Company<br>Garden Vista Development, LLC                        |                  |                   |              |
| 3. NAICS Code<br>531390                                                                                                                                                                              |             | 4. Brief description of the character of business conducted in Rhode Island<br>Real Estate Development |                  |                   |              |
| 5. State of Formation<br>Rhode Island                                                                                                                                                                |             |                                                                                                        |                  |                   |              |
| 6. Principal Office Address<br>21 Brielle Lane                                                                                                                                                       |             | City<br>Cranston                                                                                       |                  | State<br>RI       | Zip<br>02921 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |             |                                                                                                        |                  |                   |              |
| Contact Name<br>Kenneth L. Bock                                                                                                                                                                      |             | Contact Title<br>Manager                                                                               |                  |                   |              |
| Street Address<br>21 Brielle Lane                                                                                                                                                                    |             | City<br>Cranston                                                                                       |                  | State<br>RI       | Zip<br>02921 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS                                                                                     |             |                                                                                                        |                  |                   |              |
| Manager Name<br>Kenneth L. Bock                                                                                                                                                                      |             | Manager Name<br>Daniel J. Bock                                                                         |                  |                   |              |
| Street Address<br>21 Brielle Lane                                                                                                                                                                    |             | Street Address<br>9 Brielle Lane                                                                       |                  |                   |              |
| City<br>Cranston                                                                                                                                                                                     | State<br>RI | Zip<br>02921                                                                                           | City<br>Cranston | State<br>RI       | Zip<br>02921 |
| 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. 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<br>Kenneth L. Bock, Manager                                                                                                                                                |             |                                                                                                        |                  | Date<br>8-20-2021 |              |
| Signature of Authorized Person<br><i>Kenneth L. Bock</i>                                                                                                                                             |             |                                                                                                        |                  |                   |              |

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## MAIL TO:

Division of Business Services

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