RI SOS Filing Number: 202102148680 Date: 9/27/2021 9:45:00 AM



State of Rhode Island

Department of State - Business Services Division

RECEIVED
R.L. LEPT. OF STATE
BUS SVCS DIV

2021 SEP 27 A 9: 43

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 | 2. Exact name | 2. Exact name of the Limited Liability Company | | | | |
|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------|-----------------------|-----------------------|--|
| 000943944 | 901 Wate | 901 Waterman Avenue, LLC | | | | |
| 3 NAICS Code | Brief description of the character of business conducted in Rhode Island | | | | | |
| 5311 <i>IU</i> | To own, manage, develop, maintain, rehabilitate, renovate, finance, operate, lease, sell, | | | | | |
| 5. State of Formation RI | convey, assign, mortgage or otherwise deal with such properties as the LLC may acquire from time to time and to carry on any lawful business, trade, purpose or activity. | | | | | |
| 6. Principal Office Address | | | City | State | Zip | |
| 901 Waterman Avenue | | | East Providence | RI | 02914 | |
| 7 Mailing Address of Limited | Liability Company | and Name or Titl | | | | |
| Contact Name Christopher Pereira | | | Contact Title Manager | | | |
| Street Address 54 Mason Street | | | City Worcester | State MA | ^{Zip} 01610 | |
| 8. List ALL managers (names | and addresses) | of the Limited Lial | bility Company, IF APPLICAB | LE - DO NOT LIST | MEMBERS | |
| Manager Name Christopher Pereira | | | Manager Name | | | |
| Street Address 54 Mason Street | | | Street Address | | | |
| City Worcester | State MA | ^{Zip} 01610 | City | State | Zip | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| | | <u> </u> | | Check the box to i | ndicate an attachment | |
| 9. The Resident Agent inform | ation currently of | record with the RI | Department of State is accu | rate. Changes require | e filing Form 642 | |
| Under penalty of perjury, I o | | | | g any accompanyin | g schedules and | |
| Name of Authorized Person | | · · · · · · · · · · · · · · · · · · · | | Date | , | |
| Christopher Pereira | 0 | | | 1 9/2 | 3[2] | |
| Signature of Authorized Person | on | | | | | |

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED C

SEP 2 7 2021

BY CA BZWH3
9:45