## Division /OS DIV 2021 SEP 27 A 9 Wife Score A Property of the RECEIVED

## Department of State - Business Services Division /CS DIV

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.

Entity ID Number     2. Exact name of the Limited Liability Company						
000943944	2. Exact name of the Limited Liability Company 901 Waterman Avenue, LLC					
3. NAICS Code	,					
53111 <i>0</i>	4. Brief description of the character of business conducted in Rhode Island					
	To own, manage, develop, maintain, rehabilitate, renovate, finance, operate, lease, sell,					
5. State of Formation	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.					
RI	time to time and to carry on any lawful business, trade, purpose of 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 Title of Contact Person						
Contact Name Christopher Pereira			Contact Title Manager			
Street Address 54 Mason Street			<sup>City</sup> Worcester	State MA	<sup>Zip</sup> 01610	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name Christopher Pereira			Manager Name			
Street Address 54 Mason Street			Street Address			
City Worcester	State MA	<sup>Zip</sup> 01610	City	State	Zıp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zıp	
	<u>,                                      </u>		·····	Check the box to in	dicate 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	1	
Christopher Pereira				5-3	5-30-21	
Signature of Authorized Person						
- Clark						

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  $\leftarrow$ 

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FORM 632 - Revised: 08/2020