



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2021

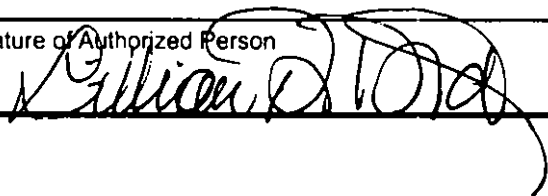
## Limited Liability Company

- Filing period: September 1 - November 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

FILED

OCT 01 2021

BY

|                                                                                                                                                                                                             |       |                                                                                                          |                                 |                        |                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------------------------------------------------------------|---------------------------------|------------------------|----------------------------------------|
| 1. Entity ID Number<br><b>1676731</b>                                                                                                                                                                       |       | 2. Exact name of the Limited Liability Company<br><b>Lilium LLC</b>                                      |                                 |                        |                                        |
| 3. NAICS Code<br><b>531390</b>                                                                                                                                                                              |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Rental Real Estate</b> |                                 |                        |                                        |
| 5. State of Formation<br><b>Rhode Island</b>                                                                                                                                                                |       |                                                                                                          |                                 |                        |                                        |
| 6. Principal Office Address<br><b>5 Touro Park West</b>                                                                                                                                                     |       | City<br><b>Newport</b>                                                                                   |                                 | State<br><b>RI</b>     | Zip<br><b>02840</b>                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                          |                                 |                        |                                        |
| Contact Name<br><b>Lillian R Dick</b>                                                                                                                                                                       |       |                                                                                                          | Contact Title<br><b>Manager</b> |                        |                                        |
| Street Address<br><b>5 Touro Park West</b>                                                                                                                                                                  |       |                                                                                                          | City<br><b>Newport</b>          |                        | State<br><b>RI</b> Zip<br><b>02840</b> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |       |                                                                                                          |                                 |                        |                                        |
| Manager Name<br><b>Lillian R Dick</b>                                                                                                                                                                       |       |                                                                                                          | Manager Name                    |                        |                                        |
| Street Address<br><b>Same as above</b>                                                                                                                                                                      |       |                                                                                                          | 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.                                                                         |       |                                                                                                          |                                 |                        |                                        |
| <b>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.</b> |       |                                                                                                          |                                 |                        |                                        |
| Name of Authorized Person<br><b>Lillian R Dick</b>                                                                                                                                                          |       |                                                                                                          |                                 | Date<br><b>9.29.21</b> |                                        |
| Signature of Authorized Person<br>                                                                                       |       |                                                                                                          |                                 |                        |                                        |

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov