



State of Rhode Island  
**Department of State - Business Services Division**

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2021 OCT -6 AM 11:08

**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 <b>788866</b>		2. Exact name of the Limited Liability Company <b>GERSHROBIN, LLC</b>			
3. NAICS Code 531110		4. Brief description of the character of business conducted in Rhode Island TO OWN AND MANAGE REAL ESTATE LOCATED AT 5 WAKE ROBIN ROAD, UNIT 2709, LINCOLN, RI			
5. State of Formation RHODE ISLAND					
6. Principal Office Address 132 OLD RIVER ROAD, STE. 205			City LINCOLN	State RI	Zip 02865
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name SUSAN GERSHKOFF			Contact Title MEMBER		
Street Address 132 OLD RIVER ROAD., STE. 205			City LINCOLN	State RI	Zip 02865
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			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.					
<i>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.</i>					
Name of Authorized Person SUSAN GERSHKOFF, MEMBER				Date 10.05.2021	
Signature of Authorized Person 					

**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**

OCT 06 2021

BY Chen 4BAKG  
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