RI SOS Filing Number: 202102820360 Date: 10/6/2021 4:00:00 PM



State of Rhode Island

## **Department of State - Business Services Division**

## OCT 0 6 2021 02

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 na	2. Exact name of the Limited Liability Company				
1699229	Swamp Meadow, LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
531311	To engage in the business of land management and development.					
5. State of Formation						
RI						
6. Principal Office Address			City	State	Zip	
514 Ten Rod Road			North Kingstown	Ri	02852	
7. Mailing Address of Limited Li		ny and Name o			•	
Contact Name Roy Seelenbrandt			Contact Title Member			
Street Address 514 Ten Rod Road			City North Kingstown	State RI	<sup>Z<sub>ip</sub></sup> 02852	
8. List ALL managers (names a	ind addresses	s) of the Limited	Liability Company, IF APPLICABLE	- DO NOT LIST	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zıp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zıp	
	<u> </u>	<u> </u>		Check the box to i	ndicate an attachment	
9. The Resident Agent informati	on currently o	of record with the	RI Department of State is accurat	e. Changes requir	e filing Form 642.	
Under penalty of perjury, I destatements, and that all states	clare and affi ments contai	irm that I have ined herein are	examined this report, including a true and correct.	ny accompanyin	g schedules and	
Name of Authorized Person Date						
Roy Seelenbrandt October 3, 202/						
Signature of Authorized Person	n/m	rtt				

MAIL TO:

**Division of Business Services** 

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

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