RI SOS Filing Number: 202102824160 Date: 10/6/2021 4:00:00 PM

	State of Rhode Island Department of \$
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## of State - Business Services Division

Annual Report for the year: \_ **Limited Liability Company** 

2021

OCT 6 2021

--> Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

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1. Entity ID Number	2. Exact na	2. Exact name of the Limited Liability Company					
375164	Amrum Acres, LLC						
3. NAICS Code		4. Brief description of the character of business conducted in Rhode Island					
531390	Owning and operating real estate.						
5. State of Formation	7						
Rhode Island							
6. Principal Office Address			City	State	Zip		
7 Gounod Road			Westerly	RI	02891		
7. Mailing Address of Limited L.		any and Name or	Title of Contact Person				
Contact Name Lauren Anderson			Contact Title				
Street Address 8 Stillman Ave.		City Cornwall-on-Hudson	State NY	<sup>Zip</sup> 12520			
	and addresses	s) of the Limited	Liability Company, IF APPLICABLE	DO NOT LIST	MEMBERS		
Manager Name			Manager Name				
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
	_ <del></del>	I	C	heck the box to in	ndicate an attachment		
9. The Resident Agent informat	on currently o	of record with the	RI Department of State is accurate.	Changes require	filing Form 642.		
Under penalty of perjury, I de statements, and that all state	clare and affi ments contai	īrm that I have e ined herein are	examined this report, including an true and correct.	y accompanying	schedules and		
Name of Authorized Person				Date			
Signature of Authorized Person  Audury  Manuer Auduryou				10 1	202		
Signature of Authorized Person				<del>- •</del>			
Lauren Au	derso	VI					
	-40	<del></del>					

MAIL TO:

**Division of Business Services** 

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

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