



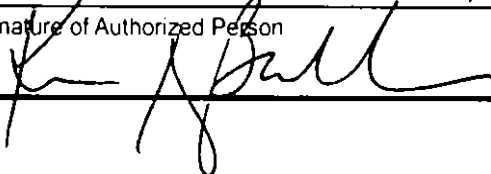
State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

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.

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REGISTRAR OF STATE  
CORPORATION

|                                                                                                                                                                                                             |                 |                                                                                                           |                            |                                      |                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------------------------------------------------------------------------|----------------------------|--------------------------------------|----------------------------------|
| 1. Entity ID Number<br><b>001336961</b>                                                                                                                                                                     |                 | 2. Exact name of the Limited Liability Company<br><b>DEVINE INTERVENTION, LLC</b>                         |                            |                                      |                                  |
| 3. NAICS Code<br><b>531110</b>                                                                                                                                                                              |                 | 4. Brief description of the character of business conducted in Rhode Island<br><b>Real Estate Holding</b> |                            |                                      |                                  |
| 5. State of Formation<br><b>Rhode Island</b>                                                                                                                                                                |                 |                                                                                                           |                            |                                      |                                  |
| 6. Principal Office Address<br><b>PO Box 737</b>                                                                                                                                                            |                 | City<br><b>Lenox</b>                                                                                      |                            | State<br><b>MA</b>                   | Zip<br><b>01240</b>              |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |                 |                                                                                                           |                            |                                      |                                  |
| Contact Name <b>Victor J. Orsinger</b>                                                                                                                                                                      |                 |                                                                                                           | Contact Title <b>Agent</b> |                                      |                                  |
| Street Address <b>42 Granite Street</b>                                                                                                                                                                     |                 |                                                                                                           | City <b>Westerly</b>       |                                      | State <b>RI</b> Zip <b>02891</b> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |                 |                                                                                                           |                            |                                      |                                  |
| Manager Name <b>Karen Beckwith</b>                                                                                                                                                                          |                 |                                                                                                           | Manager Name               |                                      |                                  |
| Street Address <b>PO Box 737</b>                                                                                                                                                                            |                 |                                                                                                           | Street Address             |                                      |                                  |
| City <b>Lenox</b>                                                                                                                                                                                           | State <b>MA</b> | Zip <b>01240</b>                                                                                          | 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. Resident Agent in Rhode Island. This information is currently of record with the Department of State. 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>Karen R Beckwith, Manager</b>                                                                                                                                               |                 |                                                                                                           |                            | Date<br><b>9/28/21</b>               |                                  |
| Signature of Authorized Person<br>                                                                                       |                 |                                                                                                           |                            | SIGN DOCUMENT HERE<br><b>9/28/21</b> |                                  |

MAIL TO:

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)