



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 18 2021
BY *[Signature]*

1. Entity ID Number 001696675		2. Exact name of the Limited Liability Company 46 WEST BAY VIEW DRIVE LLC.			
3. NAICS Code 721199		4. Brief description of the character of business conducted in Rhode Island Family summer vacation home.			
5. State of Formation Rhode Island					
6. Principal Office Address 46 WEST BAY VIEW DRIVE		City Jamestown		State RI	Zip 02835
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name SCOTT F. Dugan		Contact Title Manager			
Street Address 29 Vernon Center Heights		City Vernon		State CT	Zip 06066
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.					
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.					
Name of Authorized Person SCOTT F. Dugan				Date 10/14/2021	
Signature of Authorized Person <i>Scott F. Dugan</i>					

MAIL TO:

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