State of Rhode Island
Department of State - Business Services Division

FILED
OCT 18 2021
BY

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 name of the Limited Liability Company
000111426	HOMESTEAD ASSOCIATES LLC
3. NAICS Code: 531120	4. Brief description of the character of business conducted in Rhode Island: RENTAL PROPERTY
5. State of Formation: RHODE ISLAND	

6. Principal Office Address	City	State	Zip
249 ANN ST.	CUMBERLAND	R.I.	02864

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name	Contact Title		
JAMES A. WRIGHT			
Street Address: 249 ANN ST.	City: CUMBERLAND	State: R.I.	Zip: 02864

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	City	State	Zip
Manager Name	Manager Name		
Street Address	Street Address		
City	City	State	Zip

Check the box to indicate an attachment ☐

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	Date
JAMES A. WRIGHT	10-14-21

Signature of Authorized Person: James A. Wright

MAIL TO:
Division of Business Services
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