



State of Rhode Island

## Department of State - Business Services Division

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OCT 18 2021

FOR  
CERTIFICATION  
USE ONLYBY 643Annual 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 <b>1661873</b>		2. Exact name of the Limited Liability Company <b>Harbourview BI, LLC</b>			
3. NAICS Code <b>531110</b>		4. Brief description of the character of business conducted in Rhode Island To own and operate real estate and any other related business as permitted by law.			
5. State of Formation Rhode Island					
6. Principal Office Address 627 Corn Neck Road, P.O. Box 714		City Block Island	State RI	Zip 02807	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Kristina L. Peterson		Contact Title Manager			
Street Address 627 Corn Neck Road, P.O. Box 714		City Block Island	State RI	Zip 02807	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Kristina L. Peterson		Manager Name			
Street Address 627 Corn Neck Road, P.O. Box 714		Street Address			
City Block Island	State RI	Zip 02807	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 Kristina L. Peterson			Date Sept. 7, 2021		
Signature of Authorized Person 					

## MAIL TO:

Division of Business Services

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