



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

OCT 22 2021

11712

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

# **LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2021**

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b)(x)) is subject to a penalty fee of \$25.00.

|                                                                                                                                                                                                               |       |                                                                                                                          |             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------------------------------------------------------------------------|-------------|
| 1. ID No.<br>550753                                                                                                                                                                                           |       | 2. Exact name of the limited liability company<br>1775 Corn Neck Road, LLC                                               |             |
| 3. State of Formation<br>Rhode Island                                                                                                                                                                         |       | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>real estate holding |             |
| 5. Principal office address<br>315 Riverside Drive, Apt. 11D                                                                                                                                                  |       | City<br>New York                                                                                                         | State<br>NY |
|                                                                                                                                                                                                               |       | Zip<br>10025                                                                                                             |             |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                                                                                                                          |       |                                                                                                                          |             |
| Contact Name<br>Robin Bell                                                                                                                                                                                    |       | Contact Title<br>Member                                                                                                  |             |
| Street Address<br>315 Riverside Drive, Apt. 11D                                                                                                                                                               |       | City<br>New York                                                                                                         | State<br>NY |
|                                                                                                                                                                                                               |       | Zip<br>10025                                                                                                             |             |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> |       |                                                                                                                          |             |
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