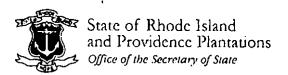
RI SOS Filing Number: 202103830980 Date: 10/22/2021 4:00:00 PM



OCT 22 2021 D

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&r.)) is subject to a penalty fee of \$25.00.

(M.I.Q.I. 7-10-00 (00T)) II	subject to a penalty jee of 3.	23.00.				
1 ID No. 2. Exact name of the limited liability company						
550753	1775 Corn Neck R	5 Com Neck Road, LLC				
3. State of Formation 4. Brief description of the character of the hustin			nistness which is actually conducted in k	lbode Island		
Rhode Island	real estate	holding				
5. Principal office address	<u> </u>	-	City	State	Zip	
315 Riverside Drive, Apt. 11D			New York	NY	10025	
6. MAILING ADDRE	SS OF LIMITED LIAB	ILITY COMPANY AN	D NAME OR TITLE OF CONTA	CT PERSON:	•	
Contact Name			Contact Title	Contact Title		
Robin Bell			Member	Member		
Street Address			City	State	7.ip	
315 Riverside Drive, Apt. 11D			New York	NY	10025	
7. NAME AND ADDE			; ED LIABILITY COMPANY, IF AI ING ATTACHMENTS ("X" BOX			
Manager Name			Manager Name	Manager Name		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name	***************************************	***************************************	Manager Name	•••••••••••		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT	ι Γ IN RHODE ISLAND	ı	:	ı	1	
This information is cu	rrently of record in the	Office of the Secretary	of State. Changes require filing of	of Form 642 - R.J.G.L. 7-1	6-11	
	·	<i>.</i>				

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

File Date	
Check No.	
Ву:	
	FOR SECRETARY OF STATE USE ONLY

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.

Date

Signature of Authorized Person

Robin Bell

Print or Type Name of Authorized Person