



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
STAMP

OCT 25 2021

BY

1. Entity ID Number 413106		2. Exact name of the Limited Liability Company Southernmost LLC			
3. NAICS Code 531311		4. Brief description of the character of business conducted in Rhode Island Rental Real Estate			
5. State of Formation Rhode Island					
6. Principal Office Address 56 Poplar St		City Newport		State RI	Zip 02840
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Deborah Arnold			Contact Title Member		
Street Address 56 Poplar Street		City Newport		State RI	Zip 02840
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 ☐					
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
<i>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.</i>					
Name of Authorized Person Deborah R Arnold				Date 10/22/21	
Signature of Authorized Person <i>Deborah R. Arnold</i>					

MAIL TO:

Division of Business Services

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