RI SOS Filing Number: 202104536700 Date: 10/29/2021 4:00:00 PM



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.

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| BY         | )\$ |

| 1. Entity ID Number<br>000126625   | 2. Exact name of the Limited Liability Company LISCHIO DEVELOPMENT COMPANY, LLC                            |                              |                                   |               |              |  |  |
|--|--|------------------------------|-----------------------------------|---------------|--------------|--|--|
| 3. NAICS Code<br>531311  | Brief description of the character of business conducted in Rhode Island     TO OWN AND MANAGE REAL ESTATE |                              |                                   |               |              |  |  |
| 5. State of Formation<br>RHODE ISLAND  |  |                              |                                   |               |              |  |  |
| 6. Principal Office Address  |  |                              | City                              | State         | 7:           |  |  |
| 1130 TEN ROD ROAD, SUITE E-207   |  |                              | NORTH KINGSTOWN                   | State<br>RI   | Zip<br>02852 |  |  |
| 7. Mailing Address of Limited Lia  |  | and Name or Tit              | le of Contact Person              |               |              |  |  |
| Contact Name LYNN F. MORAN   |  |                              | Contact Title                     |               |              |  |  |
| Street Address 1130 TEN ROD ROAD, SUITE E-207  |  |                              | City NORTH KINGSTOWN              | State RI      | Zip 02852    |  |  |
| 8. List ALL managers (names a  | nd addresses)  | of the Limited Lia           | bility Company, IF APPLICABLE - I | DO NOT LIST I | WEMBERS      |  |  |
| Manager Name<br>LYNN F. MORAN  |  |                              | Manager Name PAULA M. SCHICK      |               |              |  |  |
| Street Address 1130 TEN ROD ROAD, SUITE E-207  |  | Street Address 3 MEGHAN LANE |                                   |               |              |  |  |
| <sup>City</sup> NORTH KINGSTOWN  | State R1   | Zip 02852                    | City NORTH KINGSTOWN              | State RI      | Zip 02852    |  |  |
| 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.  |  |                              |                                   |               |              |  |  |
| 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 LYNN F. MORAN  Date  |  |                              |                                   |               | 1606/0       |  |  |
| Signature of Authorized Rerson   |  |                              |                                   |               |              |  |  |

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov