



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

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FOR  
SECRETARY OF STATE  
USE ONLY

**Annual Report for the year: 2021**  
**Limited Liability Company**

2021 NOV -1 AM 10:21

- 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<br><b>866143</b>                                                                                                                                                                        |       | 2. Exact name of the Limited Liability Company<br><b>BTW Realty, LLC</b>                          |                          |                              |                     |
| 3. NAICS Code<br><b>531110</b>                                                                                                                                                                              |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Real Estate</b> |                          |                              |                     |
| 5. State of Formation<br><b>Rhode Island</b>                                                                                                                                                                |       |                                                                                                   |                          |                              |                     |
| 6. Principal Office Address<br><b>80 Country Meadows Lane, Unit 80</b>                                                                                                                                      |       |                                                                                                   | City<br><b>Glocester</b> | State<br><b>RI</b>           | Zip<br><b>02914</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                   |                          |                              |                     |
| Contact Name <b>Benjamin T. Watkins, Jr.</b>                                                                                                                                                                |       |                                                                                                   | Contact Title            |                              |                     |
| Street Address <b>80 Country Meadows Lane, Unit 80</b>                                                                                                                                                      |       |                                                                                                   | City <b>Glocester</b>    | State <b>RI</b>              | Zip <b>02914</b>    |
| 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 <input type="checkbox"/>                                                                                                                                            |       |                                                                                                   |                          |                              |                     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.                                                                   |       |                                                                                                   |                          |                              |                     |
| <b>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.</b> |       |                                                                                                   |                          |                              |                     |
| Name of Authorized Person<br><b>Benjamin T. Watkins, Jr.</b>                                                                                                                                                |       |                                                                                                   |                          | Date<br><b>Oct. 28, 2021</b> |                     |
| Signature of Authorized Person<br>                                                                                       |       |                                                                                                   |                          |                              |                     |
| SIGN DOCUMENT HERE                                                                                                                                                                                          |       |                                                                                                   |                          |                              |                     |

**MAIL TO:**

**Division of Business Services**

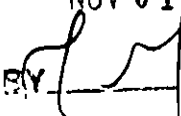
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Website: www.sos.ri.gov

**FILED**

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BY  FNBIG  
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