



State of Rhode Island  
**Department of State - Business Services Division**

**FILED  
 STAMP**  
 NOV 01 2021  
 BY 31188

**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.

<b>1. Entity ID Number</b> 1341055	<b>2. Exact name of the Limited Liability Company</b> 21 Cooke, LLC				
<b>3. NAICS Code</b> 531110	<b>4. Brief description of the character of business conducted in Rhode Island</b> To hold and manage real estate				
<b>5. State of Formation</b> RI					
<b>6. Principal Office Address</b> 21 Cooke Street		<b>City</b> Bristol	<b>State</b> RI	<b>Zip</b> 02809	
<b>7. Mailing Address of Limited Liability Company and Name or Title of Contact Person</b>					
<b>Contact Name</b> Gardiner Bowen		<b>Contact Title</b> Member			
<b>Street Address</b> 5 Prospect Street		<b>City</b> Bristol	<b>State</b> RI	<b>Zip</b> 02809	
<b>8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS</b>					
<b>Manager Name</b> None		<b>Manager Name</b> None			
<b>Street Address</b>		<b>Street Address</b>			
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Manager Name</b> None		<b>Manager Name</b> None			
<b>Street Address</b>		<b>Street Address</b>			
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Check the box to indicate an attachment <input type="checkbox"/>					
<b>9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.</b>					
<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>					
<b>Name of Authorized Person</b> Gardiner Bowen			<b>Date</b> 9/10/2021		
<b>Signature of Authorized Person</b> 					

**MAIL TO:**  
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