



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED STAMP
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.

NOV 02 2021 FOR
SECRETARY OF STATE
USE ONLY
BY *[Signature]*

1. Entity ID Number 540885		2. Exact name of the Limited Liability Company 987 North Main Street, LLC			
3. NAICS Code 531110		4. Brief description of the character of business conducted in Rhode Island Real Estate			
5. State of Formation RI					
6. Principal Office Address 12 Fox Ridge Crescent		City Warwick		State RI	Zip 02886
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Lillian LaRocco			Contact Title Member		
Street Address 12 Fox Ridge Crescent		City Warwick		State RI	Zip 02886
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. Resident Agent in Rhode Island. This information is currently of record with the Department of State. 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 <i>Lillian LaRocco</i>				Date <i>10/13/21</i>	
Signature of Authorized Person <i>[Signature]</i>				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

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