



State of Rhode Island  
Department of State – Business Services Division

**ANNUAL REPORT FOR THE YEAR 2021**  
**LIMITED LIABILITY COMPANY**

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- **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 No<br><b>001711486</b>                                                                                 |                    | 2. Exact name of the Limited Liability Company<br><b>15-17 Pitman Street, 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 management</b> |                                                |                    |                     |
| 5. State of Formation<br><b>Rhode Island</b>                                                                        |                    |                                                                                                              |                                                |                    |                     |
| 6. Principal Office Address<br><b>200 Briarcliff Avenue</b>                                                         |                    |                                                                                                              | City<br><b>Warwick</b>                         | State<br><b>RI</b> | Zip<br><b>02889</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                 |                    |                                                                                                              |                                                |                    |                     |
| Contact Name<br><b>Samuel E. Payette</b>                                                                            |                    |                                                                                                              |                                                |                    |                     |
| Street Address<br><b>200 Briarcliff Avenue</b>                                                                      |                    |                                                                                                              |                                                |                    |                     |
| City<br><b>Warwick</b>                                                                                              | State<br><b>RI</b> | Zip<br><b>02889</b>                                                                                          |                                                |                    |                     |
|                                                                                                                     |                    |                                                                                                              |                                                |                    |                     |
|                                                                                                                     |                    |                                                                                                              |                                                |                    |                     |
|                                                                                                                     |                    |                                                                                                              |                                                |                    |                     |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE – DO NOT LIST MEMBERS    |                    |                                                                                                              |                                                |                    |                     |
| Manager Name<br><b>Samuel E. Payette</b>                                                                            |                    |                                                                                                              | Manager Name<br><b>James F. Payette</b>        |                    |                     |
| Street Address<br><b>200 Briarcliff Avenue</b>                                                                      |                    |                                                                                                              | Street Address<br><b>200 Briarcliff Avenue</b> |                    |                     |
| City<br><b>Warwick</b>                                                                                              | State<br><b>RI</b> | Zip<br><b>02889</b>                                                                                          | City<br><b>Warwick</b>                         | State<br><b>RI</b> | Zip<br><b>02889</b> |
| Manager Name<br><b>David W. Payette</b>                                                                             |                    |                                                                                                              | Manager Name<br><b>Kathy-Jo Payette</b>        |                    |                     |
| Street Address<br><b>200 Briarcliff Avenue</b>                                                                      |                    |                                                                                                              | Street Address<br><b>200 Briarcliff Avenue</b> |                    |                     |
| City<br><b>Warwick</b>                                                                                              | State<br><b>RI</b> | Zip<br><b>02889</b>                                                                                          | City<br><b>Warwick</b>                         | State<br><b>RI</b> | Zip<br><b>02889</b> |
| Check the box to indicate an attachment <input type="checkbox"/>                                                    |                    |                                                                                                              |                                                |                    |                     |
| 9. REGISTERED AGENT IN RHODE ISLAND                                                                                 |                    |                                                                                                              |                                                |                    |                     |
| This information is currently of record in the Office of the Secretary of State. Changes require filing of 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.

  
Signature of Authorized Person

**11/24/21**  
Date

**Samuel Payette**

Name of Authorized Person

**FILED**

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, RI 02904-2615  
Phone: 401.222.3040  
Website: www.sos.ri.gov

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