RI SOS Filing Number: 202104630110 Date: 11/3/2021 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

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.

	FILED
	NOV 0 3 2029
BY.	

1. Entity ID Number	2. Exact name of the Limited Liability Company						
1026017	557 Main Road Associates						
3. NAICS Code	Brief description of the character of business conducted in Rhode Island						
531390	Management of Real Estate						
5. State of Formation							
RI							
6. Principal Office Address			City	State	Zip		
PO Box 962003			Boston	MA	02196		
7. Mailing Address of Limited L		any and Name or 1			<u> </u>		
Contact Name Stephen Lewinstein			Contact Title Member				
Street Address PO Box 962003			^{City} Boston	State MA	^{Zip} 02196		
8. List ALL managers (names	and addresse	s) of the Limited L	iability Company, IF APPLIC	ABLE - DO NOT LIST N	MEMBERS		
Manager Name			Manager Name				
Street Address			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. 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 Date							
Stephen Lewinstein				10-31-21			
Stepher Lewinstein (0-71-2) Signature of Authorized Person Layran Remember							

MAIL TO:

Division of Business Services

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

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