RI SOS Filing Number: 202104892310 Date: 11/8/2021 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 SOLMP
NOV 0 8 2021 FORT ARY OF STATE
1002

1. Entity ID Number	2. Exact na	2. Exact name of the Limited Liability Company				
000792692		85 Hamilton Street, LLC				
3. NAICS Code	4. Brief de	Brief description of the character of business conducted in Rhode Island				
531110		Real Estate Investment				
5. State of Formation						
RI						
6. Principal Office Address			City	State	- Zip	
P.O. BOX 169			HINGHAM	MA	02043	
7. Mailing Address of Limite		any and Name o				
Contact Name NEAL FLAHERTY			Contact Title Member			
Street Address P.O. BOX 169			City HINGHAM	State MA	Z <sub>IP</sub> 02043	
8. List ALL managers (name	es and addresse	s) of the Limited	Liability Company, IF APPLICAB	BLE - DO NOT LIST N	MEMBERS	
Manager Name			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	
	L.			Check the box to in	 ndicate an attachment ☐	
9. The Resident Agent Inform	mation currently	of record with the	e RI Department of State is accur	rate. Changes require	filing Form 642.	
Under penalty of perjury, I statements, and that all st	declare and affatements conta	irm that I have ined herein are	examined this report, including true and correct.	g any accompanying	schedules and	
Name of Authorized Person				Date		
NEAL FLAHERTY				11-1-2071		
Signature of Authorized Ber	son Level					

MAIL TO:

Division of Business Services

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

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