



State of Rhode Island
Department of State - Business Services Division

FILED

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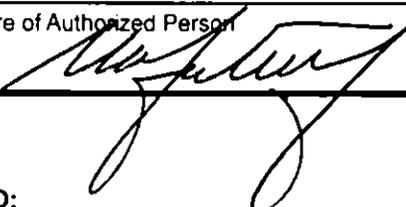
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Annual Report for the year: 2021
Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 000789467		2. Exact name of the Limited Liability Company 445 Public Street, LLC			
3. NAICS Code 531110		4. Brief description of the character of business conducted in Rhode Island Real Estate Investment			
5. State of Formation RI					
6. Principal Office Address P.O. BOX 169			City HINGHAM	State MA	Zip 02043
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name NEAL FLAHERTY			Contact Title Manager		
Street Address P.O. BOX 169			City HINGHAM	State MA	Zip 02043
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name NEAL FLAHERTY			Manager Name		
Street Address P.O. BOX 169			Street Address		
City HINGHAM	State MA	Zip 02043	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
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 NEAL FLAHERTY				Date 11-1-2021	
Signature of Authorized Person 					

MAIL TO:
Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov