Annual Report for the year: $\frac{2021}{}$ **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	STAMP
•	NOV 0 8 2021	FOR STATE USE CALY

1. Entity ID Number	2. Exact name of the Limited Liability Company						
000789983	486 Smith Street, LLC						
3. NAICS Code	Brief description of the character of business conducted in Rhode Island						
531110	Real Estate Investment						
5. State of Formation	1						
RI							
6. Principal Office Address			City	State	Zip		
P.O. Box 169			Hingham	MA	02043		
7. Mailing Address of Limited Lia	bility Company	and Name or Tit					
Contact Name Neal Flaherty			Contact Title Manager				
Street Address P.O. Box 169			City Hingham	State MA	Zip ₀₂₀₄₃		
8. List ALL managers (names a	nd addresses) o	of the Limited Lia	bility Company, IF APPLICA	ABLE - DO NOT LIST W	EMBERS		
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	Zıp	City	State	Zip		
	1			Check the box to in	dicate an attachment		
9. The Resident Agent information	on currently of r	ecord with the Ri	Department of State is acc	curate. Changes require	filing Form 642.		
Under penalty of perjury, I ded statements, and that all staten	lare and affirm nents containe	that I have exa d herein are tru	mined this report, include and correct.	ing any accompanying	schedules and		
Name of Authorized Person	Date						
Neal Flaherty				11-1-202/			
Signature of Authorized Person							
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

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