



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.

NOV 08 2021

STAMP

1. Entity ID Number 1680617		2. Exact name of the Limited Liability Company Residences on Allen, LLC	
3. NAICS Code 531110		4. Brief description of the character of business conducted in Rhode Island To hold and manage real estate	
5. State of Formation RI			
6. Principal Office Address 1481 Wampanoag Trail		City East Providence	State RI Zip 02915
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Debbie S. Sleprow		Contact Title Manager	
Street Address 1481 Wampanoag Trail		City East Providence	State RI Zip 02915
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name Debbie S. Sleprow		Manager Name None	
Street Address 1481 Wampanoag Trail		Street Address	
City East Providence	State RI	Zip 02915	City State Zip
Manager Name None		Manager Name None	
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 Debbie S. Sleprow		Date 9/17/21	
Signature of Authorized Person 			

MAIL TO:

Division of Business Services

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