



State of Rhode Island
Department of State - Business Services Division

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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 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:
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