



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.

|                                                                                                                                                                                                             |          |                                                                                                                         |                |                    |           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------------------------------------------------------------------------------------------------------------|----------------|--------------------|-----------|
| 1. Entity ID Number<br><b>555476</b>                                                                                                                                                                        |          | 2. Exact name of the Limited Liability Company<br><b>Francis Street Apartments LLC</b>                                  |                |                    |           |
| 3. NAICS Code<br>531110                                                                                                                                                                                     |          | 4. Brief description of the character of business conducted in Rhode Island<br>Buying, renting and selling real estate. |                |                    |           |
| 5. State of Formation<br>Rhode Island                                                                                                                                                                       |          |                                                                                                                         |                |                    |           |
| 6. Principal Office Address<br>109 Hope Furnace Rd.                                                                                                                                                         |          | City<br>Hope                                                                                                            | State<br>RI    | Zip<br>02831       |           |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |          |                                                                                                                         |                |                    |           |
| Contact Name Wayne Gunderman                                                                                                                                                                                |          |                                                                                                                         | Contact Title  |                    |           |
| Street Address P.O. Box 296                                                                                                                                                                                 |          |                                                                                                                         | City Hope      | State RI           | Zip 02831 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |          |                                                                                                                         |                |                    |           |
| Manager Name Karlene Gunderman                                                                                                                                                                              |          |                                                                                                                         | Manager Name   |                    |           |
| Street Address P.O. Box 296                                                                                                                                                                                 |          |                                                                                                                         | Street Address |                    |           |
| City Hope                                                                                                                                                                                                   | State RI | Zip 02831                                                                                                               | 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.                                                                         |          |                                                                                                                         |                |                    |           |
| <i>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.</i> |          |                                                                                                                         |                |                    |           |
| Name of Authorized Person<br>Wayne Gunderman                                                                                                                                                                |          |                                                                                                                         |                | Date<br>10/31/2021 |           |
| Signature of Authorized Person<br>                                                                                                                                                                          |          |                                                                                                                         |                |                    |           |

## MAIL TO:

Division of Business Services

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