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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 **001669724**	2. Exact name of the Limited Liability Company **27 Tobin Lane, LLC**		
3. NAICS Code 531390	4. Brief description of the character of business conducted in Rhode Island Residential real estate rentals		
5. State of Formation Rhode Island			
6. Principal Office Address 4 Church Cove Road	City Bristol	State RI	Zip 02809

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name Kathleen A. Ferreira	Contact Title Manager		
Street Address 4 Church Cove Road	City Bristol	State RI	Zip 02809

8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS

Manager Name Kathleen A. Ferreira			Manager Name		
Street Address 4 Church Cove Road			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

Check the box to indicate an attachment ☐

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 Kathleen A. Ferreira	Date 11-1-21
Signature of Authorized Person Kathleen A. Ferreira	

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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FORM 632 - Revised: 08/2020