Department of S			es Division		en una habi
Annual Report for the year: 2021 Limited Liability Company				• VČ%	\$ 1AMP 8 2021
<ul> <li>→ Filing period: September</li> <li>→ Filing Fee: \$50.00</li> <li>→ Penalty: Additional \$25.00</li> </ul>	1 - Novem		mber 1.	BY	139
1. Entity ID Number	2. Exact name of the Limited Liability Company  Castlemaine, LLC				
3. NAICS Code 53 - Real Estate and Rental and 5. State of Formation Rhode Island	4. Brief de	scription of the char	acter of business conducted estate and personal prope		
6. Principal Office Address 23 Lucas Avenue			City Newport	State RI	Zip 02840
7. Mailing Address of Limited Lia	bility Compa	any and Name or Tit	le of Contact Person		
Contact Name Timothy J. Brown			Contact Title		
Street Address 23 Lucas Ave			City Newport	State RI	<sup>Zip</sup> 02840
8. List ALL managers (names a	nd addresse	s) of the Limited Lia	bility Company, IF APPLICA	BLE - DO NOT LIST I	MEMBERS
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
	<u> </u>			Check the box to i	indicate an attachment
9. Resident Agent in Rhode Isla	nd. This infor	mation is currently of re	ecord with the Department of S	tate. Changes require filir	ng Form 642.
Under penalty of perjury, I dec statements, and that all states			•	ng any accompanyin	g schedules and
Name of Authorized Person				Date   0/2	

SIGN DOCUMENT HERE

## MAIL TO:

**Division of Business Services** 

Signature of Authorized Person

148 W. River Street, Providence, Rhode Island 02904-2615

State of Rhode Island and Providence Plantations

Phone: (401) 222-3040 Website: www.sos.ri.gov