



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<br><b>161684</b>                                                                                                                                                                        |          | 2. Exact name of the Limited Liability Company<br><b>Sherwood Development, LLC</b>         |                       |                  |              |
| 3. NAICS Code<br>531390                                                                                                                                                                                     |          | 4. Brief description of the character of business conducted in Rhode Island<br>Real estate |                       |                  |              |
| 5. State of Formation<br>Rhode Island                                                                                                                                                                       |          |                                                                                            |                       |                  |              |
| 6. Principal Office Address<br>400 Lincoln Avenue                                                                                                                                                           |          |                                                                                            | City<br>Warwick       | State<br>RI      | Zip<br>02888 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |          |                                                                                            |                       |                  |              |
| Contact Name Stephen A. Cardi                                                                                                                                                                               |          |                                                                                            | Contact Title Manager |                  |              |
| Street Address 400 Lincoln Avenue                                                                                                                                                                           |          |                                                                                            | City Warwick          | State RI         | Zip 02888    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |          |                                                                                            |                       |                  |              |
| Manager Name Stephen A. Cardi                                                                                                                                                                               |          |                                                                                            | Manager Name          |                  |              |
| Street Address 400 Lincoln Avenue                                                                                                                                                                           |          |                                                                                            | Street Address        |                  |              |
| City Warwick                                                                                                                                                                                                | State RI | Zip 02888                                                                                  | 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.                                                                         |          |                                                                                            |                       |                  |              |
| <b>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.</b> |          |                                                                                            |                       |                  |              |
| Name of Authorized Person<br>Stephen A. Cardi                                                                                                                                                               |          |                                                                                            |                       | Date<br>11/19/21 |              |
| Signature of Authorized Person<br><i>Stephen A. Cardi</i>                                                                                                                                                   |          |                                                                                            |                       |                  |              |

## MAIL TO:

Division of Business Services

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