

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2011

PROTECTED BUS SYDS BIV

2821 MOV 29 PH 12: 52

- → 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	2. Exact name of the Limited Liability Company				
705609	Prentice Avenue LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
<i>5</i> 3139()					
5 State of Formation	12001	, Esta	te		
6. Principal Office Address			City	State	Zip
41 Prentice Auc			PautreVot	RI	02860
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Sasa Martins			Contact Title Carried		
Street Address rentrue alle			Party Yot	State	Zip 02860
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zıp
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				Date	
Jasa Martins				11/R 12021	
Signature of Authorized Person					
A					
\\\\					
FILED 12:59					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov NOV & 9 2021 R3W4N