



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 000663900		2. Exact name of the Limited Liability Company Lakeshore Associates, LLC	
3. NAICS Code 53190		4. Brief description of the character of business conducted in Rhode Island Real estate	
5. State of Formation R.I.			
6. Principal Office Address 45 Kathy Trl		City Uxbridge	State MA
		Zip 01569	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Peter Kelleher		Contact Title	
Street Address (same) 45 Kathy Trl		City Uxbridge	State MA
		Zip 01569	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name Peter Kelleher		Manager Name	
Street Address same as above		Street Address	
City	State	City	State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
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			
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 Peter O. Kelleher		Date 11/23/21	
Signature of Authorized Person 			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

 NOV 29 2021
 BY 270 A.A.