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R.I. DEPT. OF STATE BUS SVCS DIV

State of Rhode Island **Department of State - Business Services Division** 2021 NOV 30 A 11: 29

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Annual Report for the year: 2021 **Limited Liability Company**

→ Filing period: September 1 - November 1

→ Filling Fee: \$50.00

1. Entity ID Number 000507279	9 King To	2. Exact name of the Limited Liability Company 9 King Tom Drive, LLC				
3. NAICS Code	4. Brief desc	Brief description of the character of business conducted in Rhode Island				
531110	Own Real B	Own Real Estate				
5. State of Formation	7					
Rhode Island						
6. Principal Office Address			City	State	Zip	
io Arnolda Road			Charlestown	RI	02813	
7. Mailing Address of Limited	Liability Company	y and Name or Titl	e of Contact Person			
Contact Name Shawn Harriman			Contact Title			
Street Address 50 Arnolda Road			City Charlestown	State RI	^{Zjp} 02813	
8. List ALL managers (name:	s and addresses)	of the Limited List	oility Company, IF APPLICAB	BLE - DO NOT LIST I	NEMBER2	
Manager Name Shawn P. Harriman			Manager Name			
Street Address 50 Arnolda Road			Street Address			
Clty Charlestown	State RI	^{Zip} 02813	City	State	Zip	
Manager Name			Manager Name			
Sirect Address			Street Address			
Stied Modess				State	ZÍD	
City	State	Zip	City			
					indicate an attachment	
9. The Resident Agent inform	nation currently of	record with the R	Department of State is accu	irate. Changes requi	e filing Form 642.	
Hades appalty of perjury 1	declare and affil	rm that I have exc	imined this report, includin	g any accompanyir	g schedules and	
statements, and that all statements contained herein are true and correct. Name of Authorized Person				Date	_	
Shawn P. Harriman				1000	26 2021	
Signature of Authorized Pers	tarine			<u> </u>		

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 3 0 2021

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FORM 632 - Revised: 08/2020