



State of Rhode Island
Department of State - Business Services Division

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 BUS SVCS DIV
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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 504481		2. Exact name of the Limited Liability Company Olive Street, LLC			
3. NAICS Code 531110		4. Brief description of the character of business conducted in Rhode Island Purchase, ownership, management, improvements, rental and sale of real estate.			
5. State of Formation RI					
6. Principal Office Address 42915 N. Courage Trail		City Anthem	State AZ	Zip 85086	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Peter D. Hamilton, Trustee			Contact Title Member		
Street Address <i>Same</i>		City	State	Zip	
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	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.					
<i>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.</i>					
Name of Authorized Person Peter D. Hamilton, Trustee				Date 12/12/2021	
Signature of Authorized Person <i>[Signature]</i>					

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
 DEC 20 2021
 BY 1013 A.A.