



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.

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|                                                                                                                                                                                                      |       |                                                                                                   |                         |                           |                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------------------------------------------------|-------------------------|---------------------------|---------------------|
| 1. Entity ID Number<br><u>000146016</u>                                                                                                                                                              |       | 2. Exact name of the Limited Liability Company<br><u>TERRY INVESTMENT PROPERTIES, LLC</u>         |                         |                           |                     |
| 3. NAICS Code<br><u>531390</u>                                                                                                                                                                       |       | 4. Brief description of the character of business conducted in Rhode Island<br><u>REAL ESTATE</u> |                         |                           |                     |
| 5. State of Formation<br><u>FLORIDA</u>                                                                                                                                                              |       |                                                                                                   |                         |                           |                     |
| 6. Principal Office Address<br><u>6 NEWBURY DR</u>                                                                                                                                                   |       |                                                                                                   | City<br><u>WESTERLY</u> | State<br><u>RI</u>        | Zip<br><u>02891</u> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |       |                                                                                                   |                         |                           |                     |
| Contact Name<br><u>CHARLES TERRY</u>                                                                                                                                                                 |       |                                                                                                   | Contact Title           |                           |                     |
| Street Address<br><u>6 NEWBURY DR</u>                                                                                                                                                                |       |                                                                                                   | City<br><u>WESTERLY</u> | State<br><u>R.I</u>       | Zip<br><u>02891</u> |
| 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.                                                                  |       |                                                                                                   |                         |                           |                     |
| 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<br><u>CHARLES W. TERRY</u>                                                                                                                                                 |       |                                                                                                   |                         | Date<br><u>11-29-2021</u> |                     |
| Signature of Authorized Person<br><u>Charles W. Terry</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

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11-29-2021  
 N8209  
 12/29

FORM 632 - Revised: 08/2020