State of Rhode Island
Department of State - Business Services Division

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BY

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	2. Exact name of the Limited Liability Company
151022	RCFLL, LLC
3. NAICS Code: 531390	4. Brief description of the character of business conducted in Rhode Island: Hold and benefit from certain investments in real property and any other lawful purpose.
5. State of Formation: Rhode Island	

6. Principal Office Address	City	State	Zip
99 Hartford Avenue	Providence	RI	02909

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name	Contact Title			
Christopher M. Byrnes	Manager			
Street Address	**City**	**State**	**Zip**	
99 Hartford Avenue	Providence	RI	02909	

8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**

Manager Name			Manager Name		
Christopher M. Byrne					
Street Address			**Street Address**		
99 Hartford Avenue					
City	**State**	**Zip**	**City**	**State**	**Zip**
Providence	RI	02909			
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
Christopher M. Byrnes, Manager	9/10/21

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