



Department of State - Business Services Division

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Annual Report for the year: $\frac{2009}{}$ 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 000142460		Exact name of the Limited Liability Company MAIN ROAD LLC							
3. NAICS Code 531120		Brief description of the character of business conducted in Rhode Island COMMERCIAL RENTAL REAL ESTATE ACTIVITY							
5. State of Formation RHODE ISLAND	7								
Principal Office Address APRIL LANE			City TIVERTON	State RI	Zip 02878				
7. Mailing Address of Limited		y and Name or Ti	tle of Contact Person	-	•				
Contact Name WILLIAM J FLY	YNN		Contact Title CPA						
Street Address 1120 AQUIDN	ECK AVENUE		City MIDDLETOWN	State RI	Zip 02842				
		of the Limited Lia	bility Company, IF APPLICABL	E - DO NOT LIST	MEMBERS				
Manager Name RITESH PATE	L		Manager Name						
Street Address 63 APRIL LANI	 E		Street Address						
City TIVERTON	State RI	Zip 02878	City	State	Zip				
Manager Name	-	,	Manager Name						
Street Address			Street Address						
City	State	Zıp	City	State	Zip				
		<u>_</u>		Check the box to	indicate an attachment				
9. The Resident Agent informa	ation currently of	record with the R	Department of State is accura						
Under penalty of perjury, I o statements, and that all stat			amined this report, including a see and correct.	any accompanyin	ng schedules and				
Name of Authorized Person	Date	Date							
WILLIAM J FLYNN	/ -		02/16/2023						
Signature of Authorized Person	DOMEN !	2		•					

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

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