



State of Rhode Island  
**Department of State - Business Services Division**

Annual Report for the year: 2005  
**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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 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2023 FEB 23 P 1:05

|   |                 |   |                          |                           |     |
|---|-----------------|---|--------------------------|---------------------------|-----|
| 1. Entity ID Number<br>000142460  |                 | 2. Exact name of the Limited Liability Company<br>65 MAIN ROAD LLC  |                          |                           |     |
| 3. NAICS Code<br>531120   |                 | 4. Brief description of the character of business conducted in Rhode Island<br>COMMERCIAL RENTAL REAL ESTATE ACTIVITY |                          |                           |     |
| 5. State of Formation<br>RHODE ISLAND   |                 |   |                          |                           |     |
| 6. Principal Office Address<br>63 APRIL LANE  |                 | City<br>TIVERTON  | State<br>RI              | Zip<br>02878              |     |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |                 |   |                          |                           |     |
| Contact Name <b>WILLIAM J FLYNN</b>   |                 |   | Contact Title <b>CPA</b> |                           |     |
| Street Address <b>1120 AQUIDNECK AVENUE</b>   |                 | City <b>MIDDLETOWN</b>  | State <b>RI</b>          | Zip <b>02842</b>          |     |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |                 |   |                          |                           |     |
| Manager Name <b>RITESH PATEL</b>  |                 |   | Manager Name             |                           |     |
| Street Address <b>63 APRIL LANE</b>   |                 |   | Street Address           |                           |     |
| City <b>TIVERTON</b>  | State <b>RI</b> | Zip <b>02878</b>  | 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<br><b>WILLIAM J FLYNN</b>   |                 |   |                          | Date<br><b>02/16/2023</b> |     |
| Signature of Authorized Person<br>  |                 |   |                          |                           |     |

**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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