State of F Office of the S	Rhode Island Secretary of		Fee: \$50.00
	Business Servic	ces	
	River Street	_	
	RI 02904-261	5	
(401)	222-3040		
Limited Liability Company Annual Report Filing Period: February 1 - May 1			
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2023			
1. ID No. <u>000799656</u>			
2. Exact Name of the Limited Liability Company <u>TIVERTON PARTNERS, LLC</u>			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>531390</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
REAL ESTATE DEVELOPMENT			
5. Principal Office Address			
No. and Street: <u>20 NEWMAN AVENUE</u>			
SUITE 1005 City or Town: RUMFORD	State: <u>RI</u>	Zip: <u>02916</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: <u>TIFFANY CAMBIO</u> Contact Title:			
No. and Street: 20 NEWMAN AVENUE			
SUITE 1005			
City or Town: <u>RUMFORD</u>	State: <u>RI</u>	Zip: <u>02916</u>	Country: <u>USA</u>

7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

JEAN A. HARRINGTON, ESQ. 321 SOUTH MAIN STREET, 4TH FLOOR PROVIDENCE , RI 02903

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 27 Day of March, 2023 at 1:56:12 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>TIFFANY CAMBIO</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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