RI SOS Filing Number: 202444973960 Date: 1/26/2024 4:00:00 PM



State of Rhode Island

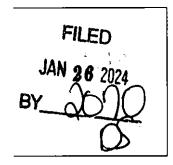
## **Department of State - Business Services Division**

## Annual Report for the year: 2024 Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.



| 1. Entity ID Number                                           | 2. Exact name of the Lim                                        | 2. Exact name of the Limited Liability Company                              |                                                        |                      |  |
|---------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------|----------------------|--|
| 141836                                                        | GLANVILLE RE                                                    | GLANVILLE REAL ESTATE, LLC                                                  |                                                        |                      |  |
| 3. NAICS Code                                                 | 4. Brief description of the                                     | 4. Brief description of the character of business conducted in Rhode Island |                                                        |                      |  |
| 531120                                                        | Real estate owners                                              | Real estate ownership                                                       |                                                        |                      |  |
| 5. State of Formation                                         |                                                                 |                                                                             |                                                        |                      |  |
| RI                                                            |                                                                 |                                                                             |                                                        |                      |  |
| 6. Principal Office Address                                   |                                                                 | City                                                                        | State                                                  | Zip                  |  |
| 15 Broadcommon Road                                           |                                                                 | Bristol                                                                     | RI                                                     | 02809                |  |
| 7. Mailing Address of Limite                                  | ed Liability Company and Name                                   | or Title of Contact Person                                                  |                                                        |                      |  |
| Contact Name Robert W. Glanville                              |                                                                 | Contact Title Trustee                                                       | Contact Title Trustee of the Robert W. Glanville Trust |                      |  |
| Street Address 15 Broadcommon Road                            |                                                                 | City Bristol                                                                | State RI                                               | <sup>Zíp</sup> 02809 |  |
| 8. The Resident Agent info                                    | rmation currently of record with                                | the RI Department of State is acc                                           | curate. Changes requir                                 | e filing Form 642.   |  |
|                                                               | I declare and affirm that I hav<br>tatements contained herein a | e examined this report, includ<br>re true and correct.                      | ing any accompanyin                                    | g schedules and      |  |
| Name of Authorized Person                                     |                                                                 |                                                                             | Date                                                   | Date                 |  |
| Robert W. Glanville, Trustee of the ROBERT W. GLANVILLE Trust |                                                                 |                                                                             |                                                        | 8/24                 |  |
| Signature of Authorized Pe                                    | rson                                                            |                                                                             | ,                                                      | <i>F</i>             |  |
| 1 Polist                                                      | D. Gomi                                                         | lle                                                                         |                                                        |                      |  |
|                                                               | Y                                                               |                                                                             |                                                        |                      |  |

MAIL TO:

**Division of Business Services** 

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