RI SOS Filing Number: 201923575510 Date: 10/7/2019 4:00:00 PM

(B)

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

Annual Report for the year:	2019	
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 122968		2. Exact name of the Limited Liability Company CHARLESTOWN VILLAGE, LLC					
3. NAICS Code 531110		Brief description of the character of business conducted in Rhode Island REAL ESTATE PURCHASE, SALES AND RENTALS					
5. State of Formation RI							
6. Principal Office Address 5000 SOUTH COUNTY TRAIL			City CHARLESTOWN	State RI	Zip 02813		
7. Mailing Address of Limite		any and Name o	r Title of Contact Person				
Contact Name ALBERT REYNOLDS			Contact Title MEMBER/PRESIDENT				
Street Address 5000 SOUTH COUNTY TRAIL			City CHARLESTOWN	State RI	Zip 02813		
8. List ALL managers (nam	es and addresse	s) of the Limited	Liability Company, IF APPLICABL	E - DO NOT LIST	MEMBERS		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address				
Čity	State	Zip	City	State	Zıp		
Manager Name .		 _	Manager Name				
Street Address			Street Address				
City	State	Zıp	City	State	Zip		
-	_	<u> </u>		Check the box to a	ndicate an attachment		
9. Resident Agent in Rhode	Island This inform	nation is currently	of record with the Department of State.	Changes require filir	ng Form 642.		
Under penalty of perjury, statements, and that all st	l declare and affi tatements conta	irm that I have ined herein are	examined this report, including a true and correct.	any accompanyin	g schedules and		
Name of Authorized Person		 		Date	$\overline{}$		
ALBERT REYNOLDS				28	Syorometer 20		
Signature of Authorized Per	3 ^{on}	SIGN	DOCUMENT HERE	1			
		/ 	FILED				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov OCT 0 7 2019 VM

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