	State of Rhode Island Office of the Secretary of S	
	Division Of Business Service 148 W. River Street	28
HOPE	Providence RI 02904-2615 (401) 222-3040	5
Limited Liability Con Annual Report Filing Period: September 1		
	7-16-66(d), each limited liability company fai nin thirty (30) days after the time prescribed by penalty fee of \$25.00.	
ANNUAL REPORT YEAR	: <u>2020</u>	
1. ID No. <u>00051666</u>	54	
2. Exact Name of the L	imited Liability Company <u>GOODISON, I</u>	<u>LC</u>
3. State of Formation		
State: <u>RI</u>		
	ARTICLE III	
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the list of codes <u>here.</u> Mo		· · ·
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the list of codes here. Mo <u>551112</u> <b>4. Brief Description of the</b> HOLDING AND MAN <b>5. Principal Office Addre</b> No. and Street: <u>244 He</u> City or Town: <u>NOR</u> <b>6. Mailing Address of Lit</b> Contact Name: Contact No. and Street: <u>244 E</u> City or Town: <u>NOR</u> <b>7. Name and Address of</b>	re information on NAICS can be found online. he Character of the Business Which is Act AGING REAL AND PERSONAL PROPI ess BURLINGHAM AVENUE TH KINGSTOWN State: R imited Liability Company and Name or Titl t Title: BURLINGHAM AVENUE TH KINGSTOWN State: R f Each Manager of the Limited Liability Co RS Individual Name	ually Conducted in Rhode Island   ERTY   I Zip: 02852   Country: USA   e of Contact Person: Zip: 02852 Country: USA

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

RICHARD J. LAND, ESQ. ONE PARK ROW, SUITE 300 PROVIDENCE , RI 02903

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

**Signed this 9 Day of November, 2020 at 10:09:15 AM 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>WALTER VALENCIA</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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