RI SOS Filing Number: 202101072940 Date: 9/7/2021 4:00:00 PM



Department of State - Business Services Division

Annual Report for the year: 2021
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.

| R.I. DEST OVED |
|-----------------------|
| R.I. DEPT. OF STATEAP |
| 2021 SEP -7 PM 2: 30 |

| 1. Entity ID Number | 2. Exact name of the Limited Liability Company | | | | | | |
|--|--|--------------|-----------------------|-----------|-------------|--------------------|--|
| 488206 | BURRS LANE ASSOCIATES, LLC | | | | | | |
| 3. NAICS Code | Brief description of the character of business conducted in Rhode Island | | | | | | |
| 531120 | | | | | | | |
| 5. State of Formation | ownership, leasing, management, and development of real property | | | | | | |
| Rhode Island | | | | | | | |
| 6. Principal Office Address | | | City | State | | Zip | |
| 652 George Washington Highway, Suite 301 | | | Lincoln | R | 1 | 02865-0000 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | | |
| Contact Name Carl B. Lisa | | | Contact Title Manager | | | | |
| Street Address 652 George Washington Highway, Suite 301 | | | City Lincoln | State | เเ | Zip 02865-0000 | |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | | | |
| Manager Name Carl B. Lisa | | | Manager Name | | | | |
| Street Address 652 George Washington Hgwy Ste 301 | | | Street Address | | | | |
| City Lincoln | State RI | Zip 02865 | City | State | | Zip | |
| Manager Name | | | Manager Name | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | State | | Zip | |
| | 1 | | <u> </u> | Check the | box to indi | cate an attachment | |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. | | | | | | | |
| 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. | | | | | | | |
| Name of Authorized Person | | | | Date | Date | | |
| Carl B. Lisa | Manager | | | | 09/01/2021 | | |
| Signature of Authorized Person | | | | | | | |
| | | | | | | | |
| | | ··· | | | *** | | |

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

SEP 0 7 2021 BY A.A. 2991 AA