**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**
**Office of the Secretary of State - Division of Business Services**
148 W. River Street, Providence, Rhode Island 02904-2615
**Phone:** (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2022

**Filing Period:** September 1 - November 1 • **This report must be typed or printed legibly.**
**Filing Fee:** $50.00 • **FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A $25.00 PENALTY FEE.**

| | |
|---|---|
| 1. Entity ID No. **929166** | 2. Exact name of the limited liability company **Gold Coast Holding, LLC** |
| 3. State of Formation **Rhode Island** | 4. Brief description of the character of business conducted in Rhode Island **Property Management** 531311 |

| 5. Principal office address | City | State | Zip |
|---|---|---|---|
| 303 Jefferson Boulevard | Warwick | RI | 02888 |

**6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:**

| Contact Name | Contact Title |
|---|---|
| Stephen Hamilton | member |

| Street Address | City | State | Zip |
|---|---|---|---|
| 303 Jefferson Boulevard | Warwick | RI | 02888 |

**7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT)** ☐

| Manager Name | | | Manager Name | | |
|---|---|---|---|---|---|
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |

**8. RESIDENT AGENT IN RHODE ISLAND**

**This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.**

FEB 07 2022
004895

**File Date** _____

**Check No** _____

**By:** _____

**FOR SECRETARY OF STATE USE ONLY**

**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.**

02/01/2022

Signature of Authorized Person — Date

Stephen Hamilton

Print or Type Name of Authorized Person

**Form No. 632**
**Revised: 01/2012**