	State of Rhode Island Office of the Secretary of State	Fee: \$50.00
	Division Of Business Services	
	148 W. River Street	
	Providence RI 02904-2615	
HOPE	(401) 222-3040	
Limited Liabil		
Annual Repor		
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.		
ANNUAL REPOR	RT YEAR: <u>2022</u>	
1. ID No. <u>00</u>	00752591	
2. Exact Name of the Limited Liability Company Ushers Cove Equity Holdings, LLC		
3. State of Form	nation	
State: <u>RI</u>		
-	t NAICS Code that best describes the primary business conducted by the entity. <u>here.</u> More information on <u>NAICS</u> can be found online.	
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island		
INVESTMENT	HOLDINGS	
5. Principal Offi	ce Address	
No. and Street:	50 NARRAGANSETT AVENUE	
City or Town:		ry: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:		
Contact Name:	ANGUS DAVIS Contact Title: MANAGER	
No. and Street:	50 NARRAGANSETT AVENUE NEWPORT	
City or Town:	NEWPORT State: RI Zip: 02840 Count	try: <u>USA</u>
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11		
<u>HASLAW, INC</u> 02903	. 100 WESTMINSTER STREET, SUITE 1500 C/O HINCKLEY ALLEN PROVID	ENCE,RI
8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).		

Signed this 21 Day of April, 2022 at 7:48:11 PM 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>/ANGUS DAVIS/</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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