



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 **2014**

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. 161129		2. Exact name of the limited liability company CAMPOPIANO PLAZA, LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island REAL ESTATE RENTAL			
5. Principal office address 9 SAMPSON AVE		City NORTH PROVIDENCE	State RI	Zip 02911	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF TITLE OF CONTACT PERSON:					
Contact Name JOSEPH M FAMIGLIETTI CPA		Contact Title CPA			
Street Address 1910 SMITH ST UNIT 15		City NO. PROVIDENCE	State RI	Zip 02911	
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.					

FILED

SEP 23 2014

BY 485

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.

Annette Campopiano 9-22-14
Signature of Authorized Person Date

ANNETTE CAMPOPIANO

Print or Type Name of Authorized Person