

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

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

2015

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.

		of the limited liability				
526275	GLEN L. CO	DRSETTI, SR., I	L.G.			
3. State of Formation	Brief description of the character of business conducted in Rhode Island					
Rhode Island	Instal	lation of	tile and marb	le		
5. Principal office address 45 Central Street			City Wakefield	State RI	Zip 02879	
E. MAILING ADDRESS OF LIMITE	D LIABILITY	COMPANY AND NA	ME OR TITLE OF CONTACT I	PERSON		
Contact Name Stephen J. DiGianfilippo, Esq.			Contact Title Registered Agent			
Street Address 50 Park Row West, Suite 111			City Providence	State RI	Zip 02903	
7. LIST <u>ALL</u> MANAGERS (NAME ("X" BOX FOR ATTACHMENT)	S AND ADDRE	SSES) OF THE LIN	NTED LIABILITY COMPANY, I	F APPLICABLE - <u>Do</u>	NOT LIST MEMBERS	
Manager Name Glen L. Corsetti			Manager Name			
Street Address 45 Central Street			Street Address Steet Address Steet Address Steet			
	State RI	Zip 02879	City	State	Zip C	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip 23 05	
8. RESIDENT AGENT IN RHODE	ISLAND					
This information is currently of i		Office of the Secret	ary of State. Changes require	filling Form 642.	DRATIONS	
FILED					ॐ □ □	
OCT 2 7 2015					38	
BY M2595	86					
			this report, including	erjury, I declare and at ng any accompanying pas comained herein	ffirm that I have examined schedules and statements,	
File Date Check No				11/2	10/4/	
			Signature of Authoriz	red Person	Date	

Form No. 632 Revised: 01/2012