



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV.
2016 AUG 17 AM 10:28

Annual Report for the year: 2016
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.

1. Entity ID Number <u>148845</u>		2. Exact name of the Limited Liability Company <u>Corpena Development Group LLC</u>			
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Real Estate Development</u>			
5. Principal Office Address <u>43 Summit Avenue</u>		City <u>Jamestown</u>		State <u>RI</u>	Zip <u>02835</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>Peter J. Corsi</u>		Contact Title <u>Managing Member</u>			
Street Address <u>43 Summit Ave</u>		City <u>Jamestown</u>		State <u>RI</u>	Zip <u>02835</u>
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
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
Check the box to indicate an attachment ☐					
8. Resident Agent in Rhode Island. This information is currently of record in the Department of State. 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 <u>Peter J. Corsi</u>				Date <u>8-17-16</u>	
Signature of Authorized Person <u>Peter J. Corsi</u> SIGN DOCUMENT HERE					

FILED

AUG 17 2016

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

By 281497