



State of Rhode Island
and Providence Plantations
Department of State – Business Services Division

148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2016

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

*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.

1. ID No. 505134		2. Exact name of the limited liability company Commerce Holdings, LLC			3. NAICS Code	
4. Brief description of the character of the business which is actually conducted in Rhode Island To purchase, invest, and hold real estate.					5. State of Formation Rhode Island	
6. Principal office address 300 Lincoln Avenue			City Warwick	State RI	Zip 02888	
7. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:						
Contact Name Salvatore Eacuello, Jr.			Contact Title Manager			
Street Address 300 Lincoln Avenue			City Warwick	State RI	Zip 02888	
8. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. DO NOT LIST MEMBERS. FILL IN SPACES BEFORE USING ATTACHMENTS (SEE BOX FOR ATTACHMENT) <input type="checkbox"/>						
Manager Name Salvatore Eacuello Jr.			Manager Name			
Street Address 300 Lincoln Avenue			Street Address			
City Warwick	State RI	Zip 02888	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. RESIDENT AGENT IN RHODE ISLAND						
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 – R.I.G.L. 7-16-11Orson and Bristol Ltd.						

FILED ←

SEP 29 2016

BY CE 1641 This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

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 SEP 29 AM 9:11

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.

Salvatore Eacuello 9/28/2016
Signature of Authorized Person Date

File Date	_____
Check No.	_____
By	_____
FOR SECRETARY OF STATE USE ONLY	

Salvatore Eacuello, Jr., Manager

Print or Type Name of Authorized Person