



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. <b>142322</b>		2. Exact name of the limited liability company <b>Ideal Holdings, LLC</b>			3. NAICS Code	
4. Brief description of the character of the business which is actually conducted in Rhode Island <b>Purchase, hold, develop, sell, and rent real estate.</b>					5. State of Formation <b>Rhode Island</b>	
6. Principal office address <b>300 Lincoln Avenue</b>				City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>
7. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:						
Contact Name <b>Salvatore Eacuella, Jr.</b>				Contact Title <b>Member</b>		
Street Address <b>300 Lincoln Avenue</b>				City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>
8. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. (DO NOT LIST MEMBERS.) FILE IN SPACES BEFORE USING ATTACHED ENVELOPE. <input type="checkbox"/>						
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	
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. 7-16-11 Orson and Brusini Ltd.						

FILED ✓

SEP 29 2016

BY aw 1080 report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

2016 SEP 29 AM 9:11  
RECEIVED  
RI, DEPT. OF STATE  
BUS SVCS DIV

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 Eacuella 9/28/2016  
Signature of Authorized Person Date

File Date _____
Check No. _____
By _____
<b>FOR SECRETARY OF STATE USE ONLY</b>

**Salvatore Eacuella, Jr., Member**

Print or Type Name of Authorized Person