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.	2. Exact name of the limited liability company	3. NAICS Code
142322	Ideal Holdings, LLC	

4. Brief description of the character of the business which is actually conducted in Rhode Island	5. State of Formation
Purchase, hold, develop, sell, and rent real estate.	Rhode Island

6. Principal office address	City	State	Zip
300 Lincoln Avenue	Warwick	RI	02888

7. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Salvatore Eacuello, Jr.	Member

Street Address	City	State	Zip
300 Lincoln Avenue	Warwick	RI	02888

8. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. DO NOT LIST MEMBERS.
FILL IN SPACES BEFORE USING A TYPEWRITER. ☐

Manager Name	Street Address	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 OB 1080

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2016 SEP 29 AM 9:11

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

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*

[redacted]

Salvatore Eacuello, Jr., Member
Print or Type Name of Authorized Person

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

Form 632