



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

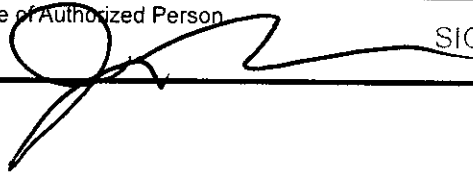
Annual Report for the year: 2016

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 115376		2. Exact name of the Limited Liability Company MAGGIACOMO ENTERPRISES, L.L.C.			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Real estate management			
5. Principal Office Address 51B Western Industrial Drive		City Cranston	State RI	Zip 02921	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Stephen J. DiGianfilippo, Esq.		Contact Title Attorney			
Street Address 50 Park Row West, Suite 111		City Providence	State RI	Zip 02903	
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Vincent Maggiacomo		Manager Name Joseph Maggiacomo			
Street Address 2 Westland Court		Street Address 11 Nottingham Drive			
City Cranston	State RI	Zip 02921	City Hope	State RI	Zip 02831
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
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 Joseph Maggiacomo				Date 10-3-16	
Signature of Authorized Person 				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

OCT 14 2016

By

10/25/17
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FORM 632 - Revised: 05/2016