



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

2016

Annual Report for the year: _____
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 140574		2. Exact name of the Limited Liability Company BAGS, 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 51B Western Industrial Drive			Street Address 51B Western Industrial Drive		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
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.					
<i>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.</i>					
Name of Authorized Person Vincent Maggiacomo				Date 10-3-16	
Signature of Authorized Person 			SIGN DOCUMENT HERE		

FILED

OCT 14 2016

By 2516
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MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov