



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017
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 <u>72088</u>		2. Exact name of the Limited Liability Company <u>ALBACO LLC</u>	
3. State of Formation <u>Rhode Island</u>		4. Brief description of the character of business conducted in Rhode Island <u>Commercial & Real Estate Rentals</u>	
5. Principal Office Address <u>2204 Broad Street</u>		City <u>Cranston</u>	State <u>R.I.</u> Zip <u>02905</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>Mona Albanese</u>		Contact Title <u>Member</u>	
Street Address <u>2204 Broad Street</u>		City <u>Cranston</u>	State <u>R.I.</u> Zip <u>02905</u>
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
City	State	Zip	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
City	State	Zip	City
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 <u>MONA ALBANESE</u>		Date <u>9-1-17</u>	
Signature of Authorized Person <u>Mona Albanese</u>			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov

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