



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR**

9/11/17

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

|   |                    |  |                    |
|---|--------------------|--|--------------------|
| 1. Entity ID No.<br><b>305628</b>   |                    | 2. Exact name of the limited liability company<br><b>Town Hall Plaza, LLC</b>  |                    |
| 3. State of Formation<br><b>Rhode Island</b>  |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>Commercial Rentals</b> <i>naics (531110)</i> |                    |
| 5. Principal office address<br><b>1517 Atwood Avenue</b>  |                    | City<br><b>Johnston</b>  | State<br><b>RI</b> |
|   |                    | Zip<br><b>02919</b>  |                    |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  |                    |  |                    |
| Contact Name<br><b>Dolores Parrillo</b>   |                    | Contact Title  |                    |
| Street Address<br><b>1517 Atwood Avenue</b>   |                    | City<br><b>Johnston</b>  | State<br><b>RI</b> |
|   |                    | Zip<br><b>02919</b>  |                    |
| 7. LIST <u>ALL</u> MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                    |  |                    |
| Manager Name<br><b>Dolores Parrillo</b>   |                    | Manager Name   |                    |
| Street Address<br><b>1517 Atwood Avenue</b>   |                    | Street Address   |                    |
| City<br><b>Johnston</b>   | State<br><b>RI</b> | Zip<br><b>02919</b>  |                    |
| City  |                    | State  | Zip                |
| Manager Name  |                    | Manager Name   |                    |
| Street Address  |                    | Street Address   |                    |
| City  | State              | Zip  |                    |
| City  |                    | State  | Zip                |
| 8. RESIDENT AGENT IN RHODE ISLAND   |                    |  |                    |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.   |                    |  |                    |

**FILED**

SEP 14 2017

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

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.

*Dolores Parrillo* 9/11/17  
 Signature of Authorized Person Date

Print or Type Name of Authorized Person