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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STANIP

Annual Report for the year:	201
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.

			<u> </u>				
1. Entity ID Number	2. Exact name of the Limited Liability Company Metacom LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
531110	Real Estate Rental						
F. Chata of Farmation	Iveal Estate Ivental						
5. State of Formation							
Rhode Island							
6. Principal Office Address			City	State	Zıp		
Santino Court	antino Court			NY	10541		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Madelyn Early			Contact Title Member				
Street Address Santino Court			City Mahopac	State NY	^{Zıp} 10541		
8. List ALL managers (names ar	nd addresses)) of the Limited L	iability Company, IF APPLICA	BLE - DO NOT LIST M	EMBERS		
Manager Name			Manager Name				
Street Address			Street Address	Street Address			
Cily	State	Zip	City	State	Zip		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
	<u> </u>	<u> </u>		Check the box to in	idicate an attachment		
9. Resident Agent in Rhode Island. This information is currently of record with 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 Date							
MADELVID EARLY Signature of Authorized Person							
Signature of Authorized Person							
madely Carly 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

