Stat
De

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	2. Exact name of the Limited Liability Company					
1660347	PENTA FAMILY PROPERTIES, LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
531120	HOLDING, OWNING, BUYING, SELLING, PLEDGING OR OTHERWISE DEALING WITH					
5. State of Formation	REAL ESTATE INVESTMENTS WITHOUT LIMITATION					
FLORIDA						
6. Principal Office Address			City	State	Zip	
702 SANTA MARGERITA LANE			PUNTA GORDA	FL	33950	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name DOMENIC J. PENTA		Contact Title				
Street Address 702 SANTA MARGERITA LANE		City PUNTA GORDA	State FL	<sup>Zip</sup> 33950		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name DOMENIC J. PENTA			Manager Name ANN MARIE PENTA			
Street Address 702 SANTA MARGERITA LANE		Street Address 702 SANTA MARGERITA LANE				
<sup>City</sup> PUNTA GORDA	State FL	<sup>Zip</sup> 33950	City PUNTA GORDA	State FL 335	<sup>Zip</sup> 33950	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
	· · · · · · · · · · · · · · · · · · ·	.1	C	Check the box to indi	cate 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						
DOMENIC J. PENTA / //////////////////////////////////						
Signature of Authorized Person Signature of Authorized Person Signature of Authorized Person Signature of Authorized Person						

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 1 0 2017

FORM 632 - Revised: 08/2017