



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<br><b>744949</b>                                                                                                                                                                        |       | 2. Exact name of the Limited Liability Company<br><b>40 Tockwotton, LLC</b>                       |                             |                        |                     |
| 3. NAICS Code<br><b>531120</b>                                                                                                                                                                              |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Real Estate</b> |                             |                        |                     |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                          |       |                                                                                                   |                             |                        |                     |
| 6. Principal Office Address<br><b>10 Greene Street</b>                                                                                                                                                      |       |                                                                                                   | City<br><b>Providence</b>   | State<br><b>RI</b>     | Zip<br><b>02903</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                   |                             |                        |                     |
| Contact Name <b>Richard Baccari II</b>                                                                                                                                                                      |       |                                                                                                   | Contact Title <b>Member</b> |                        |                     |
| Street Address <b>10 Greene Street</b>                                                                                                                                                                      |       |                                                                                                   | City <b>Providence</b>      | State <b>RI</b>        | Zip <b>02903</b>    |
| 8. 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                        | State                  | Zip                 |
| Manager Name                                                                                                                                                                                                |       |                                                                                                   | Manager Name                |                        |                     |
| Street Address                                                                                                                                                                                              |       |                                                                                                   | Street Address              |                        |                     |
| City                                                                                                                                                                                                        | State | Zip                                                                                               | City                        | State                  | Zip                 |
| Check the box to indicate an attachment <input type="checkbox"/>                                                                                                                                            |       |                                                                                                   |                             |                        |                     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.                                                                   |       |                                                                                                   |                             |                        |                     |
| <b>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.</b> |       |                                                                                                   |                             |                        |                     |
| Name of Authorized Person<br><b>Richard Baccari II</b>                                                                                                                                                      |       |                                                                                                   |                             | Date<br><b>11/1/17</b> |                     |
| Signature of Authorized Person<br>                                                                                                                                                                          |       |                                                                                                   |                             |                        |                     |

**FILED**

**MAIL TO:**

**Division of Business Services**

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

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