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			
793933	**Stor-More RI, LLC**			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
531130	**Real Estate**			
5. State of Formation				
RI				

6. Principal Office Address	City	State	Zip
10 Greene Street	**Providence**	**RI**	**02903**

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name **Richard Baccari**		Contact Title **Manager**		
Street Address **10 Greene Street**		City **Providence**	State **RI**	Zip **02903**

8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS

Manager Name **Richard Baccari**			Manager Name		
Street Address **10 Greene Street**			Street Address		
City **Providence**	State **RI**	Zip **02903**	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

Check the box to indicate 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
Richard Baccari	11-1-17
Signature of Authorized Person	

FILED

NOV 0 1 2017

BY 1957

FORM 632 - Revised: 08/2017