State of Rhode Island and Providence Plantations
## Department of State - Business Services Division
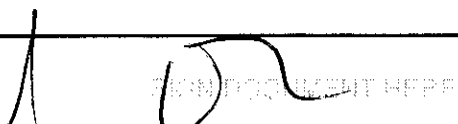
## Annual Report for the year: __2017__
## Limited Liability Company

→ 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 **147511** | 2. Exact name of the Limited Liability Company **Adam Edelsberg 20TH CENTURY ART & DESIGN, L** |
|---|---|
| 3. NAICS Code *454390* | 4. Brief description of the character of business conducted in Rhode Island **PURCHASE AND SALE OF ANTIQUES** |
| 5. State of Formation **RI** | |

| 6. Principal Office Address **49 MONTGOMERY STREET** | City **PAWTUCKET** | State **RI** | Zip **02860** |
|---|---|---|---|

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

| Contact Name **ADAM EDELSBERG** | Contact Title **SOLE MEMBER** | | |
|---|---|---|---|
| Street Address **49 MONTGOMERY STREET** | City **PAWTUCKET** | State **RI** | Zip **02860** |

**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 ☐

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 **ADAM EDELSBERG** | Date **10/9/2017** |
|---|---|
| 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
NOV 1 4 2017
BY

FORM 632 - Revised: 08/2017