



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.

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1. Entity ID Number 238347		2. Exact name of the Limited Liability Company Mansolillo Mansolillo & Mansolillo, LLC	
3. NAICS Code 621210		4. Brief description of the character of business conducted in Rhode Island To operate a dental practice in all of its phases, treating males and females in any other legal business.	
5. State of Formation Rhode Island			
6. Principal Office Address 1347 Hartford Avenue		City Johnston	State RI
		Zip 02919	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Joseph L. Mansolillo, D.D.S.		Contact Title Manager	
Street Address 1347 Hartford Avenue		City Johnston	State RI
		Zip 02919	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name Joseph L. Mansolillo, D.D.S.		Manager Name NONE	
Street Address 1347 Hartford Avenue		Street Address	
City Johnston	State RI	Zip 02919	
Manager Name NONE		Manager Name NONE	
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.			
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 Joseph L. Mansolillo, D.D.S, Member		Date 11/17/17	
Signature of Authorized Person <i>Joseph L. Mansolillo D.D.S.</i>			

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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