



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>000950714</b>  |       | 2. Exact name of the Limited Liability Company<br><b>115 MAIN STREET, LLC</b>                                     |                    |                         |     |
| 3. NAICS Code<br><b>531390</b>   |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Real estate holding company</b> |                    |                         |     |
| 5. State of Formation<br><b>RI</b>   |       |   |                    |                         |     |
| 6. Principal Office Address<br><b>115 Main Street</b>  |       | City<br><b>Westerly</b>   | State<br><b>RI</b> | Zip<br><b>02891</b>     |     |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |       |   |                    |                         |     |
| Contact Name <b>Amanda Vetelino</b> <i>Diana Luzzi</i>   |       | Contact Title <b>Secretary</b> <i>Member</i>  |                    |                         |     |
| Street Address<br><b>67 Tom Harvey Road</b>  |       | City<br><b>Westerly</b>   | State<br><b>RI</b> | Zip<br><b>02891</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                    |     |
| I, the filer or preparer, 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<br><b>Amanda Vetelino, Secretary</b> <i>Diana Luzzi, Member</i>  |       |   |                    | Date<br><b>11/13/17</b> |     |
| Signature of Authorized Person<br>   |       |   |                    |                         |     |

**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 21 2017**  
**013818 DS**