



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

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SECRETARY OF STATE  
CORPORATIONS DIV

2018 JUN 11 PM 3:56

Annual Report for the year: 2018  
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><u>000129434</u>  |       | 2. Exact name of the Limited Liability Company<br><u>LANNE DR LLC</u> <u>LANNE Drive LLC</u>     |  |                        |     |
| 3. NAICS Code<br><u>531190</u>   |       | 4. Brief description of the character of business conducted in Rhode Island<br><u>REALESTATE</u> |  |                        |     |
| 5. State of Formation<br><u>RI</u>   |       |  |  |                        |     |
| 6. Principal Office Address<br><u>3 ANNE DR</u>  |       | City<br><u>LINCOLN</u>   | State<br><u>RI</u> Zip<br><u>02865</u> |                        |     |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |       |  |  |                        |     |
| Contact Name<br><u>DAVID LAFAZIA ESQ</u>   |       | Contact Title  |  |                        |     |
| Street Address<br><u>1065 RESILVORN AV.</u>  |       | City<br><u>CRANFON</u>   | State<br><u>RI</u> Zip<br><u>02910</u> |                        |     |
| 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.  |       |  |  |                        |     |
| 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<br><u>JOHN MONGELLI</u>  |       |  |  | Date<br><u>6/11/18</u> |     |
| Signature of Authorized Person<br><u>John Mongelli</u>   |       |  |  | SIGN DOCUMENT HERE     |     |

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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BY

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