



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

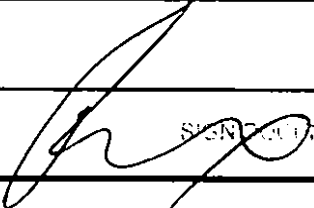
Annual Report for the year: **2018**

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 000132243		2. Exact name of the Limited Liability Company Montaquila Group, LLC			
3. NAICS Code 531190		4. Brief description of the character of business conducted in Rhode Island Investment in a Rhode Island General Partnership			
5. State of Formation Rhode Island					
6. Principal Office Address 1 Warren Avenue			City North Providence	State RI	Zip 02911
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Robert A. Montaquila			Contact Title Member		
Street Address 1 Warren Avenue			City North Providence	State RI	Zip 02911
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 Robert A. Montaquila				Date	
Signature of Authorized Person 				SIGNATURE 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

FILED 

JUN 25 2018

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