



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.

**FILED**

AUG 17 2018

BY

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1. Entity ID Number <b>1658437</b>		2. Exact name of the Limited Liability Company <b>1085 Waterman Ave. LLC</b>			
3 NAICS Code <b>531110</b>		4 Brief description of the character of business conducted in Rhode Island <b>Real Estate &amp; Rental</b>			
5 State of Formation <b>Rhode Island</b>					
6 Principal Office Address <b>60 Colvin Street Box 57</b>		City <b>Hope</b>		State <b>RI</b>	Zip <b>02831</b>
7 Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Anthony D. Altrui</b>		Contact Title <b>Manager</b>			
Street Address <b>60 Colvin Street</b>		City <b>Hope</b>		State <b>RI</b>	Zip <b>02831</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 <b>Hope</b>	State <b>RI</b>	Zip <b>02831</b>	City <b>Hope</b>	State <b>RI</b>	Zip <b>02831</b>
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 <b>Anthony D. Altrui</b>				Date <b>8/15/2018</b>	
Signature of Authorized Person 					

**MAIL TO:**

Division of Business Services  
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