



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2018**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>000102855</b>		2. Exact name of the limited liability company <b>MULBERRY ASSOCIATES, LLC</b>			
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>OWNERSHIP OF REAL ESTATE</b> <i>(531107)</i>			
5. Principal office address <b>132 A Pleasant View Avenue</b>		City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Lucy Calcagni</b>			Contact Title <b>Member</b>		
Street Address <b>132 A PLEASANT VIEW AVENUE</b>		City <b>SMITHFIELD</b>	State <b>RI</b>	Zip <b>02917</b>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <b>LUCY CALCAGNI</b>			Manager Name		
Street Address <b>132 A PLEASANT VIEW AVENUE</b>			Street Address		
City <b>SMITHFIELD</b>	State <b>RI</b>	Zip <b>02917</b>	City	State	Zip
Manager Name <b>LUCY CALCAGNI</b>			Manager Name		
Street Address <b>9 KRISTEN DRIVE</b>			Street Address		
City <b>GREENVILLE</b>	State <b>RI</b>	Zip <b>02828</b>	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

**FILED**

AUG 24 2018 *2*

BY 1743

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

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.

*Lucy Calcagni* **08/15/2018**  
 Signature of Authorized Person Date

**LUCY CALCAGNI**

Print or Type Name of Authorized Person