| s s                                                                                                                                                                                                                                                  | tate of Rhode Island and Pro                                                                            |                                                | Fee: \$50.00   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------|
| HOPE                                                                                                                                                                                                                                                 | Office of the Secreta<br>Division Of Business<br>148 W. River St<br>Providence RI 0290<br>(401) 222-304 | Services<br>reet<br>4-2615                     |                |
| Limited Liability Com<br>Annual Report<br>Filing Period: September 1                                                                                                                                                                                 |                                                                                                         |                                                |                |
| In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing<br>to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-<br>16-66(b&c)) is subject to a penalty fee of \$25.00. |                                                                                                         |                                                |                |
| ANNUAL REPORT YEAR:                                                                                                                                                                                                                                  | <u>2018</u>                                                                                             |                                                |                |
| <b>1. ID No.</b> <u>000760656</u>                                                                                                                                                                                                                    |                                                                                                         |                                                |                |
| 2. Exact Name of the Limited Liability Company CASA MIA, LLC                                                                                                                                                                                         |                                                                                                         |                                                |                |
| 3. State of Formation                                                                                                                                                                                                                                |                                                                                                         |                                                |                |
| State: <u>RI</u>                                                                                                                                                                                                                                     |                                                                                                         |                                                |                |
| ARTICLE III                                                                                                                                                                                                                                          |                                                                                                         |                                                |                |
| -                                                                                                                                                                                                                                                    | Code that best describes the primary le information on <u>NAICS</u> can be found                        | -                                              | ty. Download   |
| 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island                                                                                                                                                    |                                                                                                         |                                                |                |
| PROPERTY MANAGEMENT- REAL ESTATE                                                                                                                                                                                                                     |                                                                                                         |                                                |                |
| 5. Principal Office Addre                                                                                                                                                                                                                            | SS                                                                                                      |                                                |                |
|                                                                                                                                                                                                                                                      | BETHEL STREET<br>ANSTON State: <u>F</u>                                                                 | <u>1</u> Zip: <u>02920</u> Countr              | ry: <u>USA</u> |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:                                                                                                                                                                 |                                                                                                         |                                                |                |
|                                                                                                                                                                                                                                                      | <sup>Title:</sup><br>STARR STREET<br>INSTON State: <u>R</u>                                             | <u>I</u> Zip: <u>02919</u> Count               | ry: <u>USA</u> |
| 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.<br>DO NOT LIST MEMBERS                                                                                                                                          |                                                                                                         |                                                |                |
| Title                                                                                                                                                                                                                                                | Individual Name<br>First, Middle, Last, Suffix                                                          | Address<br>Address, City or Town, State, Zip C | Code, Country  |
| 8. RESIDENT AGENT IN F                                                                                                                                                                                                                               | RHODE ISLAND - DO NOT ALTER                                                                             |                                                |                |

## Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

## BEVERLY COLOMBO 54 STARR STREET JOHNSTON, RI 02919

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 30 Day of August, 2018 at 12:17:42 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

## By BEVERLY COLOMBO

Signature of Authorized Person

Form No. 632 Revised 09/07

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