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## Annual Report for the year:

2018

**Limited Liability Company** 

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

| → Penalty: Additional \$2                                  | .5.00 fee if form i | is not filed by De   | ecember 1.                                      |                               |                        |  |
|--|---------------------|--|---|-------------------------------|------------------------|--|
| 1. Entity ID Number 1018581                                |                     | 2. Exact name of the Limited Liability Company Caruana Properties, LLC |   |                               |                        |  |
| 3. NAICS Code  | 4. Brief der        | scription of the ch  | haracter of business conducted                  | d in Rhode Island             |                        |  |
| 531120   | Real Estat          | Real Estate and Rental   |   |                               |                        |  |
| 5. State of Formation                                      | $\neg$              |  |   |                               |                        |  |
| Rhode Island   |                     |  |   |                               |                        |  |
| 6. Principal Office Address                                |                     |  | City  | State                         | Zıp                    |  |
| 56 Falcon Ridge Drive                                      |                     |  | Exeter  | RI                            | 02822                  |  |
| 7. Mailing Address of Limite                               |                     | any and Name or  |   | •                             |                        |  |
| Contact Name Christopher Caruana                           |                     |  | Contact Title Managing                          | Contact Title Managing Member |                        |  |
| Street Address 56 Falcon Ridge Drive                       |                     |  | City Exeter                                     | State RI                      | <sup>Zip</sup> 02822   |  |
|  | es and addresse     | s) of the Limited  | Liability Company, IF APPLICA                   | ABLE - DO NOT LIST            | MEMBERS                |  |
| Manager Name None  |                     |  | Manager Name None                               | Manager Name None             |                        |  |
| Street Address   |                     |  | Street Address                                  | Street Address                |                        |  |
| City   | State               | Zip  | City  | State                         | Zıp                    |  |
| Manager Name None  |                     |  | Manager Name None                               | Manager Name None             |                        |  |
| Street Address   |                     |  | Street Address                                  | Street Address                |                        |  |
| City _   | State               | Ζιρ  | City  | State                         | Zip                    |  |
|  |                     |  |   | Check the box to              | indicate an attachment |  |
| 9. Resident Agent in Rhode                                 | Island. This inforr | nation is currently r  | of record with the Department of S              | State. Changes require filir  | ng Form 642.           |  |
| Under penalty of perjury, i<br>statements, and that all st |                     |  | examined this report, include true and correct. | ing any accompanyin           | g schedules and        |  |
| Name of Authorized Person                                  | 1                   |  |   | Date                          | ,                      |  |
| Christopher Caruana X 8/36/18                              |                     |  |   |                               | 76/18                  |  |
| Signature of Authorized Per                                | rson                | SIGI   | N 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

FORM 632 - Revised: 10/2017