RI SOS Filing Number: 201877002900 Date: 9/4/2018 4:00:00 PM

22

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: **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	2. Exact name of the Limited Liability Company					
000122072	606 METACOM LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
531110	REAL ESTATE RENTAL AND LEASING					
5. State of Formation	]			/		
RHODE ISLAND						
6. Principal Office Address			City	State	Zip	
628 METACUM AVE			WARREN	RI	02885	
7. Mailing Address of Limited Lia	bility Company	and Name or Title	of Contact Person			
Contact Name ERNEST G. MAYO			Contact Title MEMBER			
Street Address 628 MGTACOM AVE.			City WARREN	State RI	Zip 02885	
8. List ALL managers (names ar	nd addresses) c	f the Limited Liabi	ility Company, IF APPLICABLE	- DO NOT LIST M	EMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zıp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Check the box to indicate an attachment						
<ol><li>Resident Agent in Rhode Islan</li></ol>						
Under penalty of perjury, I dec statements, and that all staten	lare and affirm ents containe	that I have exam d herein are true	nined this report, including a and correct.	ny accompanying	schedules and	
Name of Authorized Person  ERNEST G. MAYO				Pate 9-1-2018		
				1-1-2	-010	
Signature of Authorized Person	2	nestyv	VI HERE			
<u> </u>		<del>-/ -</del>	<del>()</del>	·	<del></del>	

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 SEP 0 4 2018