



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**FILED** BY

SEP-10-2018

BY 1456  
00

**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.

1. Entity ID Number <b>1073284</b>		2. Exact name of the Limited Liability Company <b>Schiavo Enterprises, LLC</b>					
3. NAICS Code <b>531120</b>		4. Brief description of the character of business conducted in Rhode Island <b>Investment in, development, rental and sales of real estate.</b>					
5. State of Formation <b>Massachusetts</b>							
6. Principal Office Address <b>31 Spellman Road</b>				City <b>Westwood</b>	State <b>MA</b>	Zip <b>02090</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name <b>Robert Schiavo</b>				Contact Title <b>Manager</b>			
Street Address <b>31 Spellman Road</b>				City <b>Westwood</b>	State <b>MA</b>	Zip <b>02090</b>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name <b>Robert Schiavo</b>				Manager Name <b>Daniel Schiavo</b>			
Street Address <b>31 Spellman Road</b>				Street Address <b>31 Spellman Road</b>			
City <b>Westwood</b>	State <b>MA</b>	Zip <b>02090</b>		City <b>Westwood</b>	State <b>MA</b>	Zip <b>02090</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.							
<i>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.</i>							
Name of Authorized Person <b>Robert Schiavo, Manager</b>						Date <b>8/27/2018</b>	
Signature of Authorized Person 				SIGN 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