RI SOS Filing Number: 201877879160 Date: 9/20/2018 4:00:00 PM



State of Rhode Island and Providence Plantations

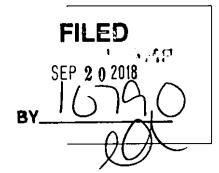
## **Department of State - Business Services Division**

## 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                                  |                      | 2. Exact name of the Limited Liability Company                           |  |                         |                       |  |
|--|----------------------|--|--|-------------------------|-----------------------|--|
| 143891   | Centre               | Centreville Mill II, LLC   |  |                         |                       |  |
| 3. NAICS Code  | 4. Brief desc        | Brief description of the character of business conducted in Rhode Island |  |                         |                       |  |
| 531190   | Invest in Re         | Invest in Real Estate  |  |                         |                       |  |
| 5. State of Formation                                |                      |  |  |                         |                       |  |
| Rhode Island   |                      |  |  |                         |                       |  |
| 6. Principal Office Address                          |                      |  | City   | State                   | Zip                   |  |
| PO Box 69  |                      |  | West Warwick                                     | RI                      | 02893                 |  |
| 7. Mailing Address of Limite                         | d Liability Compan   | y and Name or Ti   |  |                         |                       |  |
| Contact Name Peter Rosiello                          |                      |  | Contact Title Member                             |                         |                       |  |
| Street Address PO Box 69                             |                      |  | City West Warwick                                | State RI                | Zip 02893             |  |
|  |                      | of the Limited Lia   | bility Company, IF APPLICABL                     | E - DO NOT LIST         | MEMBERS               |  |
| Manager Name Peter Rosiello                          |                      |  | Manager Name                                     |                         |                       |  |
| Street Address PO Box 69                             |                      |  | Street Address                                   |                         |                       |  |
| City West Warwick                                    | State RI             | <sup>Zip</sup> 02893   | City   | State                   | Zip                   |  |
| Manager Name   |                      |  | Manager Name                                     |                         |                       |  |
| Street Address                                       |                      |  | Street Address                                   |                         |                       |  |
| City   | State                | Zip  | City   | State                   | Zıp                   |  |
|  | <b>I</b>             |  | · .l ·   | Check the box to        | ndicate an attachment |  |
| 9. Resident Agent in Rhode                           | Island, This informa | stion is currently of re   | ecord with the Department of State               | . Changes require filir | ng Form 642.          |  |
| Under penalty of perjury, statements, and that all s |                      |  | amined this report, including<br>ie and correct. | any accompanyin         | g schedules and       |  |
| Name of Authorized Person                            | 1                    |  |  | Date                    |                       |  |
| Peter Rosiello, Member                               |                      |  |  | 8/3                     | 118                   |  |
| Signature of Authorized Per                          | rson                 | SIGN [   | DOCUMENT HERE                                    | •                       | •                     |  |
|  |                      | <del></del>  | · -  |                         | <del></del>           |  |

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

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