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CORPORATIONS BIV

2018 OCT -5 PM 1: 03 SECRETARY OF STATE

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				
523722	Mazza	Mazza Properties, LLC				
3. NAICS Code	4. Brief des	4. Brief description of the character of business conducted in Rhode Island				
531110	To purchas	To purchase, maintain, lease and sell parcels of real estate				
5. State of Formation	\dashv					
Rhode Island						
6. Principal Office Address			City	State	Zip	
77 Armistice Blvd			Pawtucket	RI	02860	
7. Mailing Address of Limited	d Liability Compa	ny and Name o	r Title of Contact Person			
Contact Name Dominic Mazza			Contact Title Member			
Street Address 77 Armistice Blvd			City Pawtucket	State RI	^{Zip} 02860	
8. List ALL managers (nam	es and addresses	s) of the Limited	Liability Company, IF APPLICAL	BLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
				Check the hoy to	indicate an attachment	
	Intered This Set-	nation is euronth	r of record with the Department of St			
Under penalty of periury.	I declare and aff	firm that I have	examined this report, includi	ng any accompanyi	ng schedules and	
statements, and that all s Name of Authorized Person		med nerein ar	E UDG BUG CONTOUR	Date		
Name of Authorized Person Dominic Mazza	1			10	1119	
Signature of Authorized Pe	rson					
Signature of Authorized Pe		SIC	ON DOCUMENT HERE			
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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

OCT 05 2018

FORM 632 - Revised: 10/2017