



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

FILED

NOV 13 2018

BY 2418
LO

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 125559 | | 2. Exact name of the Limited Liability Company Americana Expo Center, LLC | | | |
| 3. NAICS Code 453310 | | 4. Brief description of the character of business conducted in Rhode Island To operate a flea market and engage in related activities | | | |
| 5. State of Formation Rhode Island | | | | | |
| 6. Principal Office Address 732 Plainfield Street | | | City Providence | State RI | Zip 02909 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name Wilfred P. Resnick | | | Contact Title Member | | |
| Street Address 732 Plainfield | | | City Providence | State RI | Zip 02909 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - 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 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. | | | | | |
| 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. | | | | | |
| Name of Authorized Person Wilfred P. Resnick | | | | Date | |
| Signature of Authorized Person <i>Wilfred P. Resnick</i> | | | | SIGN DOCUMENT HERE | |

MAIL TO:

Division of Business Services

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