

R.I. DEPT. OF STATE BUS SYCS DIV

2018 NOV 30 PH 3: 06

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 238347		2. Exact name of the Limited Liability Company Mansolillo Mansolillo & Mansolillo, LLC				
3. NAICS Code		Brief description of the character of business conducted in Rhode Island				
621210	To operat	To operate a dental practice in all of its phases, treating males and females in any other				
5. State of Formation	legal busi	legal business.				
Rhode Island						
6. Principal Office Address			City	State	Zip	
1347 Hartford Avenue			Johnston	RI	02919	
7. Mailing Address of Limited	d Liability Compa	ny and Name or Tit				
Contact Name Joseph L. Mansolillo, D.D.S.			Contact Title Manager			
Street Address 1347 Hartford Avenue			City Johnston	State RI	Zip 02919	
8. List ALL managers (name		·		BLE - DO NOT LIST I	MEMBERS	
Manager Name Joseph L. Mansolillo, D.D.S.			Manager Name NONE			
Street Address 1347 Hartford Avenue			Street Address			
City Johnston	State RI	^{Zip} 02919	City	State	Zip	
Manager Name NONE			Manager Name NONE			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
				Check the box to i	ndicate an attachment	
9. Resident Agent in Rhode	Island. This inform	ation is currently of re	ecord with the Department of St	ate. Changes require filir	g Form 642.	
Under penalty of perjury, I statements, and that all sta			•	ng any accompanyin	g schedules and	
Name of Authorized Person				Date		
Joseph L. Mansolillo, D.D.S, Member				11/21/	18	
Signature of Authorized Pers	son			•		
South M	nanh	ll 005	O NUMBENT 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 3:04

BY Cm CK 3050