



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

2014

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY PER

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
JAN 10 AM 10:32

1. Entity ID No. 000131367		2. Exact name of the limited liability company ANN-LISA PROPERTIES, LLC	
3. State of Formation RI 531110		4. Brief description of the character of business conducted in Rhode Island REAL ESTATE	
5. Principal office address 59 MULBERRY ST		City PAWTUCKET	State RI
		Zip 02860	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name CLEMENTE ANASTACIO		Contact Title MEMBER	
Street Address 59 MULBERRY STREET		City PAWTUCKET	State RI
		Zip 02860	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name CLEMENTE ANASTACIO		Manager Name	
Street Address 59 MULBERRY ST.		Street Address	
City PAWT.	State RI	Zip 02860	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	
City		State	
Zip			
8. RESIDENT AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.			

FILED

JAN 10 2019

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BY Cu 29C9 Q

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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.

Clemente S. Anastacio 1/10/19
 Signature of Authorized Person Date

CLEMENTE S. ANASTACIO
 Print or Type Name of Authorized Person