



**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**

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 DAY.

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 RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2019 JAN 10 AM 10:29

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

**FILED**

JAN 10 2019

10:29

BY Mr 29C9Q

File Date _____
Check No _____
By: _____
<b>FOR SECRETARY OF STATE USE ONLY</b>

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