



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** 2018

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

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2019 JAN 10 AM 10:36

1. Entity ID No. <b>000131368</b>		2. Exact name of the limited liability company <b>ANASTACIO FAMILY ENTERPRISES, LLC</b>			
3. State of Formation <b>RI 531120</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 ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
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** *C*

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BY *Cu 227K3*

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