



**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** 2013

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 10:28

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>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
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>
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 <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
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 10:31**

BY Cu 227K3

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.

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

CLEMENTE S ANASTACIO  
 Print or Type Name of Authorized Person