s s	tate of Rhode Island and Providence Plan Office of the Secretary of State	ntations Fee: \$50.00
	Division Of Business Services 148 W. River Street Providence RI 02904-2615	
HOPE	(401) 222-3040	
Limited Liability Com Annual Report Filing Period: September 1		
	7-16-66(d), each limited liability company failing or ref n thirty (30) days after the time prescribed by law (R.I. penalty fee of \$25.00.	
ANNUAL REPORT YEAR:	<u>2018</u>	
1. ID No. <u>001669859</u>	2	
2. Exact Name of the Li	mited Liability Company Politelli Holdings, LLC	
3. State of Formation		
State: <u>RI</u>		
	ARTICLE III	
-	Code that best describes the primary business conducted as a conducted on the set of the	ted by the entity. Download
-		ted by the entity. Download
the list of codes <u>here.</u> More <u>531120</u>		
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Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

JONATHAN WHALEY, ESQ. 4060 POST ROAD WARWICK , RI 02886

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 25 Day of February, 2019 at 2:22:59 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>DANIEL J POLITELLI</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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