RI SOS Filing Number: 201994177280 Date: 5/24/2019 4:00:00 PM

(3)	5
iogli	

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

- -> Filing period: September 1 November 1
- → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by December 1.

1, Entity ID Number	2. Exact name of the Limited Liability Company						
000799903	24 Amancio St LLC						
3. NAICS Code	Brief description of the character of business conducted in Rhode Island						
53 111 D	Rental unit (free standing cottage) in						
5. State of Formation	_						
RI	South kingstown RI						
6. Principal Office Address			City	State	Zip		
33 Lexington	n Ave		N Kingstown	R5	0285Z.		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Elizabeth MiQuaid			Contact Title				
Street Address 33 Lexington Aug			City N Kingslown	State Z	Zip 0285Z		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zıp	City	State	Zip		
Check the box to indicate an attachment							
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.							
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.							
Name of Authorized Person				Date			
Elizabeth Midvaid				5.22.19			
Signature of Authorized Person							
EDC QQC							
		=					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED**

MAY 2 4 2019

KM

BY 221