



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

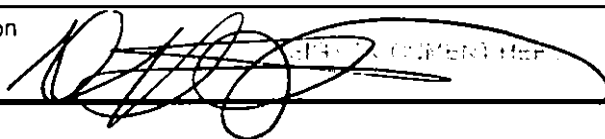
Annual Report for the year: 2018  
 Limited Liability Company

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

FILED

MAY 31 2019

Y. 356 DS

1. Entity ID Number <u>001675880</u>		2. Exact name of the Limited Liability Company <u>BOWLER LANE ARTISANS STORAGE AND TRADERS LLC</u>	
3. NAICS Code <u>831110</u>		4. Brief description of the character of business conducted in Rhode Island <u>RENTAL PROPERTY FOR SMALL BUSINESSES</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>70 PELHAM ST</u>		City <u>NEWPORT</u>	State <u>RI</u> Zip <u>02840</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>ANDREA PIETRANGELI</u>		Contact Title <u>MANAGER</u>	
Street Address <u>70 PELHAM ST</u>		City <u>NEWPORT</u>	State <u>RI</u> Zip <u>02840</u>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name <u>ANDREA PIETRANGELI</u>		Manager Name <u>ANDREA PIETRANGELI</u>	
Street Address <u>70 PELHAM ST</u>		Street Address <u>70 PELHAM ST</u>	
City <u>NEWPORT</u>	State <u>RI</u>	City <u>NEWPORT</u>	State <u>RI</u>
Zip <u>02840</u>		Zip <u>02840</u>	
Manager Name <u>ANDREA PIETRANGELI</u>		Manager Name <u>ANDREA PIETRANGELI</u>	
Street Address <u>70 PELHAM ST</u>		Street Address <u>70 PELHAM ST</u>	
City <u>NEWPORT</u>	State <u>RI</u>	City <u>NEWPORT</u>	State <u>RI</u>
Zip <u>02840</u>		Zip <u>02840</u>	
Check the box to indicate attachment <input type="checkbox"/>			
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 <u>ANDREA PIETRANGELI</u>		Date <u>05/15/2019</u>	
Signature of Authorized Person 			

## MAIL TO:

Division of Business Services

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