

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.

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1. Entity ID Number 001678375		2. Exact name of the Limited Liability Company J J Amadio, LLC				
3. NAICS Code	4. Brief de	4. Brief description of the character of business conducted in Rhode Island				
445291	Bakery					
5. State of Formation	7					
Rhode Island						
6. Principal Office Address			City	State	Zip	
567 Reservoir Avenue			Cranston	RI	02910	
7. Mailing Address of Limited Lia	ability Compa	any and Name or				
Contact Name James Amadio			Contact Title Member	Contact Title Member		
Street Address 567 Reservoir Avenue			City Cranston	State RI	^{Zip} 02910	
8. List ALL managers (names a	ind addresse	s) of the Limited L	iability Company, IF APPLICA	BLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
				Check the box to i	indicate an attachment	
9. Resident Agent in Rhode Isla	ind. This inform	nation is currently of	f record with the Department of St	ate. Changes require filir	ng Form 642.	
Under penalty of perjury, I dec statements, and that all states	clare and aff ments conta	īrm that I have earlined herein are t	xamined this report, includir	ng any accompanyin	g schedules and	
Name of Authorized Person				Date		
James Amadio						
Signature of Authorized Person	#	SIGN	N DOCUMENT HERE			

MAIL ŤO:

Division of Business Services

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

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JUN 2 8 2019

FORM 632 - Revised: 10/2017