



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2019**
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
SEP 12 2019

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1. Entity ID Number 000542076		2. Exact name of the Limited Liability Company REMINISCE, LLC			
3. NAICS Code 711510		4. Brief description of the character of business conducted in Rhode Island MUSICAL GROUP, PERFORMERS			
5. State of Formation RI					
6. Principal Office Address 54 IRONS AVENUE, UNIT 5			City JOHNSTON	State RI	Zip 02919
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name MR. RONALD IACOBUCCI			Contact Title MANAGER		
Street Address 54 IRONS AVENUE, UNIT 5			City JOHNSTON	State RI	Zip 02919
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name MR. RONALD IACOBUCCI			Manager Name MR. GIOACCHINO MENTO		
Street Address 54 IRONS AVENUE, UNIT 5			Street Address 22 WEST GLEN LANE		
City JOHNSTON	State RI	Zip 02919	City WEST WARWICK	State RI	Zip 02893
Manager Name MR. FRANK GARGIULO			Manager Name		
Street Address 4 LANDERS ROAD			Street Address		
City STONEHAM	State MA	Zip 02180	City	State	Zip
Check the box to indicate an attachment <input checked="" 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 MR. RONALD IACOBUCCI				Date 9-9-19	
Signature of Authorized Person <i>Ronald Iacobucci</i> SIGN DOCUMENT HERE					

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov