RI SOS Filing Number: 201921363010 Date: 9/25/2019 4:00:00 PM RECEIVED

R.I. DEPT. OF STATE BUS SVCS DIV



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

2019 SEP 25 A 9: 42

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.

1. Entity ID Number	2 Event nome	af the Limited 1 to	F.72. 0	-	
	2. Exact name of the Limited Liability Company				
000/60421	LDAMIANI KEALTY, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
53111n					
5. State of Formation	\mathcal{V}_{Ξ}	HIY			
RT	NEA	HIY			
1\-					
6. Principal Office Address			City	State	Zip
GALCAR DR.			JOHNSTON	KI	02919
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name GELD DAMIANI			Contact Title		
Street Address PARKEOREST RD.			CITYCRANSTON	State	zip 2920
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
			Che	eck the box to ind	licate 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 ANGELO DAMIANI Date 9/25/19					5/29
Signature of Authorized Person					

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

SEP 2 5 2019