| 3 | State of Rhode Island and Providence Plantations |
|----------|----------------------------------------------------------------------------------------------------|
| | State of Rhode Island and Providence Plantations Department of State - Business Services Division |

STAMP

| | 2019 |
|-----------------------------|------|
| Annual Report for the year: | |
| Limited Liability Company | |

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

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

→ Penalty: Additional \$25.00 fee if form is not filed by December 1

| → Penalty: Additional | i \$25,00 fee it form | is not filed by L | | | | | | |
|------------------------------------------------------|-----------------------------------------|-----------------------------------------------------------------------------|---------------------------------------------------|---------------------------|------------------|--|--|--|
| 1. Entity ID Number 789779 | | 2. Exact name of the Limited Liability Company Aloisio Enterprises, LLC | | | | | | |
| 3. NAICS Code | 4. Brief des | 4. Brief description of the character of business conducted in Rhode Island | | | | | | |
| 5311/D | Real Estat | Real Estate Management | | | | | | |
| 5. State of Formation RI | | | | | | | | |
| 6. Principal Office Address | | | City | State | Zip | | | |
| 961 Manton Avenue | | | Providence | RI | 02903 | | | |
| 7. Mailing Address of Lin | nited Liability Compa | iny and Name o | or Title of Contact Person . | | | | | |
| Contact Name Joseph Ai | iolsio | | Contact Title Member | Contact Title Member | | | | |
| Street Address 961 Manton Avenue | | | City Providence | State RI | Zip 02909 | | | |
| 8. List ALL managers (n | ames and addresse | s) of the Limited | Liability Company, IF APPLICAL | BLE - DO NOT LIST | MEMBERS | | | |
| Manager Name | | | Manager Name | Manager Name | | | | |
| Street Address | | | Street Address | Street Address | | | | |
| City | State | Zip | City | State | Zip | | | |
| Manager Name | | | Manager Name | Manager Name | | | | |
| Street Address | | | Street Address | Street Address | | | | |
| City | State | Zip | City | State | Zip | | | |
| | Check the box to indicate an attachment | | | | | | | |
| 9. Resident Agent in Rho | ode Island. This inforr | mation is currently | of record with the Department of Sta | ate. Changes require fili | ing Form 642. | | | |
| Under penalty of perjustatements, and that all | | | examined this report, including true and correct. | | ng schedules and | | | |
| Name of Authorized Pen る。 | | 101510 | | Date 9//3 | lic | | | |
| Signature of Authorized | PASON | SIG | ON DOCUMENT HERE | · | | | | |
| | Vi | | FILED | | | | | |
| MAL TO: | | SEP 3 0 2019 Y.M | | | | | | |
| Division of Business Se 148 W. River Street, Prov | | d 02904-2615 | · | , | | | | |