



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

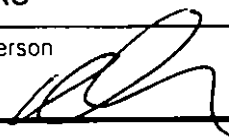
Annual Report for the year: 2019
Limited Liability Company

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

FILED

OCT 02 2019

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1. Entity ID Number 000738788		2. Exact name of the Limited Liability Company VACUWARE, LLC	
3. NAICS Code 31119		4. Brief description of the character of business conducted in Rhode Island MANUFACTURING OF FOOD STORAGE	
5. State of Formation RHODE ISLAND			
6. Principal Office Address 1522 ELMWOOD AVENUE		City CRANSTON	State RI
		Zip 02910	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name PETER D'ALLESANDRO		Contact Title MANAGER	
Street Address 1522 ELMWOOD AVENUE		City CRANSTON	State RI
		Zip 02910	
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name PETER D'ALLESANDRO		Manager Name DENNIS AMARAL	
Street Address 191 SAUGA AVENUE		Street Address 2900 AMARAL WAY	
City NORTH KINGSTOWN	State RI	City DIGHTON	State MA
Zip 02852		Zip 02715	
Manager Name DEBORAH AMARAL		Manager Name	
Street Address 2900 AMARAL WAY		Street Address	
City DIGHTON	State MA	City	State
Zip 02715		Zip	
☐ Check the box to indicate 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 PETER D'ALLESANDRO		Date 9/28/19	
Signature of Authorized Person 			

MAIL TO:

Division of Business Services

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

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