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

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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. Exact name of the Limited Liability Company
000738788	VACUWARE, LLC
3. NAICS Code: 311119	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	City	State	Zip
1522 ELMWOOD AVENUE	CRANSTON	RI	02910

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name	Contact Title		
PETER D'ALLESANDRO	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			Manager Name		
PETER D'ALLESANDRO			DENNIS AMARAL		
Street Address 191 SAUGA AVENUE			**Street Address** 2900 AMARAL WAY		
City NORTH KINGSTOWN	**State** RI	**Zip** 02852	**City** DIGHTON	**State** MA	**Zip** 02715
Manager Name DEBORAH AMARAL			Manager Name		
Street Address 2900 AMARAL WAY			Street Address		
City DIGHTON	**State** MA	**Zip** 02715	City	State	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	Date
PETER D'ALLESANDRO	9/28/19

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