



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

Annual Report for the year: 2019
Limited Liability Company

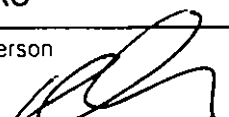
- Filing period: September 1 - November 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by December 1

FILED

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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	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 <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642					
<i>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.</i>					
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

Phone: (401) 222-3040

Website: www.sos.ri.gov