



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

FILED

OCT 07 2019

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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 1616172		2. Exact name of the Limited Liability Company 44, LLC			
3. NAICS Code 531190		4. Brief description of the character of business conducted in Rhode Island REAL ESTATE DEVELOPMENT			
5. State of Formation RI					
6. Principal Office Address 1 REALTY WAY		City EAST PROVIDENCE	State RI	Zip 02914	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name GENE M. CARLINO			Contact Title RESIDENT AGENT / ATTORNEY		
Street Address 1301 ATWOOD AVENUE, SUITE 215N		City JOHNSTON	State RI	Zip 02919	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name GENE M. CARLINO		Manager Name			
Street Address 1301 ATWOOD AVENUE, SUITE 215N		Street Address			
City JOHNSTON	State RI	Zip 02919	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	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.					
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 GENE M. CARLINO				Date 9-23-19	
Signature of Authorized Person 		SIGN DOCUMENT HERE			

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
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 Website: www.sos.ri.gov