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'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.

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Entity ID Number     2. Exact name of the Limited Liability Company						
1. Entity ID Number	<u></u>		, i			
791923	FISCHEN CINCLE LCC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
531390	PERSONAL REAL ESTATE HULDINGS					
5. State of Formation	101C30NAL 10011 C O III					
NI						
6. Principal Office Address  282 FISCHER CINCLE PONTSMOUTH NI U287					Zip	
282 FISCHER CINCLE		PUN SMOUTH	NI	02871		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name MICHAEL J. FAGAN		Contact Title MANA VEN				
Street Address FISCHEN CINCLE		MANA GEN PUNTSMOUTH	State	Zip 02871		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name Mail Mail Mail Mail Mail Mail Mail Mail		Manager Name				
Street Address FUCHEN CINCLE		Street Address				
PONTSMUUTH	State LI	2102871	City	State	Zip	
		Manager Name				
Street Address		Street Address				
City	State	Zip	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						
MICHAEL J. FAGAN 10-9-19						
Signature of Authorized Person  SIGN DOCUMENT HERE						
Liver / 14						

MAIL TO:

**Division of Business Services** 

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

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