



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 STAMP

OCT 15 2019

BY

2044LDS

1. Entity ID Number <b>000898584</b>		2. Exact name of the Limited Liability Company <b>Consolidated Mutual Group, LLC</b>			
3. NAICS Code <b>444220</b>		4. Brief description of the character of business conducted in Rhode Island <b>Real estate commercial renting</b>			
5. State of Formation <b>Rhode Island</b>					
6. Principal Office Address <b>116 Orange Street</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Dack Patriarca</b>			Contact Title		
Street Address <b>116 Orange Street</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	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.					
<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 <b>Dack Patriarca</b>				Date <b>10/1/19</b>	
Signature of Authorized Person  SIGN DOCUMENT HERE					

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov