



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


FILED STAMP

Annual Report for the year: 2019
Limited Liability Company

OCT 15 2019

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

BY 2044LDS

1. Entity ID Number 000898584		2. Exact name of the Limited Liability Company Consolidated Mutual Group, LLC			
3. NAICS Code 444220		4. Brief description of the character of business conducted in Rhode Island Real estate commercial renting			
5. State of Formation Rhode Island					
6. Principal Office Address 116 Orange Street		City Providence	State RI	Zip 02903	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Dack Patriarca		Contact Title			
Street Address 116 Orange Street		City Providence	State RI	Zip 02903	
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.					
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 Dack Patriarca				Date 10/1/19	
Signature of Authorized Person  SIGN DOCUMENT HERE					

MAIL TO:
Division of Business Services
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 Website: www.sos.ri.gov