

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.

FIL	ED
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STAMP

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1. Entity ID Number 126454		2. Exact name of the Limited Liability Company 567 LLC					
3. NAICS Code	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island					
531110	REAL ESTA	REAL ESTATE					
5. State of Formation							
RHODE ISLAND							
6. Principal Office Address			City	State	Zip		
567 METACOM AVENUE			WARREN	RI	02885		
7. Mailing Address of Limit		y and Name or Tit		1	·		
Contact Name STEPHEN BRAGANTIN			Contact Title MANAGER				
Street Address 567 METACOM AVENUE		City WARREN	State RI	^{Zip} 02885			
		of the Limited Lia	bility Company, IF APPLICA	BLE - DO NOT LIST I	MEMBERS		
Manager Name STEPHEN BRAGANTIN		Manager Name					
Street Address 567 METACOM AVENUE		Street Address					
City WARREN	State RI	Zip 02885	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
			_	Check the box to i	ndicate an attachment		
9. Resident Agent in Rhode	e Island. This informa	tion is currently of re	ecord with the Department of St	ate. Changes require filir	ng Form 642.		
Under penalty of perjury, statements, and that all s	I declare and affire statements contain	n that I have exa ed herein are tru	mined this report, including and correct.	ng any accompanyin	g schedules and		
Name of Authorized Person			Date	Date			
STEPHEN BRAGANTIN			10/01/2	10/01/2019			
Signature of Authorized Pe	rson		OCUMENT IN KE	- · · · · · · -			

MAIL TO:

Division of Business Services

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

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