



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**  
**OCT 17 2019**  
**BY** 142 OS  
**STAMP**  
FOR SECRETARY OF STATE USE ONLY

1. Entity ID Number <b>937040</b>		2. Exact name of the Limited Liability Company <b>D&amp;S COTTA LLC</b>	
3. NAICS Code <b>53 1110</b>		4. Brief description of the character of business conducted in Rhode Island <b>Acquiring, developing, leasing, dealing in and holding property for investment</b>	
5. State of Formation <b>Rhode Island</b>			
6. Principal Office Address <b>895 Middle Road</b>		City <b>Portsmouth</b>	State <b>RI</b>
		Zip <b>02871</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <b>Sandra A. Cotta</b>		Contact Title <b>Manager</b>	
Street Address <b>895 Middle Road</b>		City <b>Portsmouth</b>	State <b>RI</b>
		Zip <b>02871</b>	
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name <b>Sandra A. Cotta</b>		Manager Name <b>David M. Cotta</b>	
Street Address <b>895 Middle Road</b>		Street Address <b>895 Middle Road</b>	
City <b>Portsmouth</b>	State <b>RI</b>	City <b>Portsmouth</b>	State <b>RI</b>
Zip <b>02871</b>		Zip <b>02871</b>	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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			
<b>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.</b>			
Name of Authorized Person <b>Sandra A. Cotta</b>		Date <b>10/12/19</b>	
Signature of Authorized Person <i>Sandra A. Cotta</i>		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