RI SOS Filing Number: 201924836980 Date: 10/18/2019 4:00:00 PM

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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.

1. Entity ID Number 526275		2. Exact name of the Limited Liability Company GLEN L. CORSETTI, SR., L.L.C.				
3. NAICS Code	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island				
531311	Real estate	Real estate management.				
5. State of Formation						
Rhode Island						
6. Principal Office Address			City	State	Zip	
45 Central Street			Wakefield	RI	02879	
7. Mailing Address of Limit	ed Liability Compan	y and Name or Tit			·	
Contact Name Stephen J. DiGianfilippo, Esq.			Contact Title Attorney			
Street Address 50 Park Row West, Suite 111			City Providence	State RI	Zip 02903 (A	
8. List ALL managers (nan	nes and addresses)	of the Limited Lia	bility Company, IF APPLICAL	BLE - DO NOT LIST	MEMBERS >	
Manager Name Glen L. Corsetti			Manager Name			
Street Address 45 Central Street			Street Address 8			
City Wakefield	State RI	Zip 02879	City	State	Zip Zi S S S S S S S S S S S S S S S S S S	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
	1		<u> </u>	Check the box to	indicate an attachment	
9. Resident Agent in Rhod	e Island. This informa	ation is currently of r	ecord with the Department of St.	ate. Changes require fil	ing Form 642.	
Under penalty of perjury statements, and that all	, I declare and affii statements contair	rm that i have ext ned herein are tru	amined this report, including and correct.	ng any accompanyi	ng schedules and	
Name of Authorized Perso				Date 10 /	2/19	
Glen L. Corsetti		\sim		10/8	81''	
Signature of Authorized Pe	erson	Sign	SOCUMENT HP.RE			

FILED

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov OCT 1 8 2019

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FORM: 632 - Revised: 10/2017