**S**T. ...

## 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 <b>838737</b>		2. Exact name of the Limited Liability Company 1545 DIVISION, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
531311	Real estate management.					
5. State of Formation	7					
Rhode Island						
6. Principal Office Address			City	State	Zıp	
65 Western Industrial Drive, Unit D			Cranston	RI	02921	
7. Mailing Address of Limited L		nd Name or Tit		<u> </u>		
Contact Name Stephen J. DiGianfilippo, Esq.			Contact Title Attorney			
Street Address 50 Park Row West, Suite 111			City Providence	State RI	<sup>Žip</sup> 02903	
8. List ALL managers (names a	and addresses) of	the Limited Lia	bility Company, IF APPLICAL	BLE - DO NOT LIST I	MEMBERS	
Manager Name Vincent A. Rossi, III			Manager Name			
Street Address 112 White Birch Circle			Street Address			
<sup>City</sup> Hop <del>e</del>	State RI	<sup>Zip</sup> 02831	City	State	Z10 - 272/11	
Manager Name			Manager Name			
Street Address			Street Address 73 077			
City	State	Zip	City	State	Zip	
				Check the box to i	ndicate an attachment	
9. Resident Agent in Rhode Isla						
Under penalty of perjury, I de statements, and that all state	clare and affirm t ments contained	hat I have exa herein are tru	mined this report, including and correct.	g any accompanyin	g schedules and	
Name of Authorized Person				Date		
Vincent A. Rossi, III				10/	3/19	
Signature of Authorized Power	6-19	SIGN D	OCUMENT HERE			

MAIL TO:

Division of Business Services

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

**Phone:** (401) 222-3040 **Website:** www.sos.ri.gov

**FILED** 

OCT 18 2019

FORM 632 - Revised: 10/2017