



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 18 2019

BY 934 DS

1. Entity ID Number 788023		2. Exact name of the Limited Liability Company SALVATORE AND SONS LLC			
3. NAICS Code 531110		4. Brief description of the character of business conducted in Rhode Island R.E. MGMT.			
5. State of Formation RI					
6. Principal Office Address 122 NORTH RIVER DR.			City NARRAGANSETT	State RI	Zip 02882
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name MARGUERITE SALVATORE			Contact Title MANAGER		
Street Address 122 NORTH RIVER DR.			City NARRAGANSETT	State RI	Zip 02882
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name MARGUERITE SALVATORE			Manager Name ANTONIO SALVATORE JR		
Street Address 122 NORTH RIVER DR.			Street Address 14 HOPE LAND AVE		
City NARRAGANSETT	State RI	Zip 02882	City NARRAGANSETT	State RI	Zip 02882
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 MARGUERITE SALVATORE				Date 10-10-19	
Signature of Authorized Person 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
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 Website: www.sos.ri.gov