



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

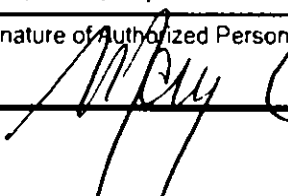
→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

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 HOME 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

Phone: (401) 222-3040

Website: www.sos.ri.gov