State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: **Limited Liability Company** 

→ Filing Fee: \$50.00

→ Filing period: September 1 - November 1

OCT 21 2019

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.				BY	1111119	
1. Entity ID Number 000122690		2. Exact name of the Limited Liability Company  Management Capital LLC				
5. State of Formation		ription of the chara management	cter of business conducted	in Rhode Island		
6. Principal Office Address			City	State	Zip	
60 Bay Spring Ave., B4			Barrington	RI	02806	
7. Mailing Address of Limit		y and Name or Title		A:		
Contact Name Bob Manchester			Contact Title Member			
Street Address 60 Bay Spring Ae., B4			City Barrington	State RI	<sup>Zip</sup> 02806	
8. List ALL managers (nar	nes and addresses)	of the Limited Liab	ility Company, IF APPLICA	BLE - DO NOT LIST	MEMBERS	
Manager Nar <sup></sup>			Manager Name			
Street Addres			Street Address			
City Barrington	State	T	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
Citv	St-	1	City	State	Zip	
				Check the box to	indicate an attachment	
<ol><li>Resident Agent in Rhod</li></ol>	e Island. This informa	tion is currently of rec	ord with the Department of St	ate. Changes require filir	ng Form 642.	
Under penalty of perjury, statements, and that all s	, I declare and affin statements contain	m that I have examed herein are true	nined this report, including and correct.	ng any accompanyin	g schedules and	
Name of Authorized Person				Date		
Robert D Manchester				10/16/19		
Signature of Authorized Pe	arson)	) SIGN DO	DOUMENT 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