RI SOS Filing State of Rhode Island a	<i>-</i>		380 Date: 10/21/201	9 4:00:00 PM 		
Department of S			ices Division	_		
Annual Report for the y Limited Liability Compa → Filing period: September → Filing Fee: \$50.00 → Penalty: Additional \$25.00	any 1 - Novemi	ber 1	ecember 1.	FILED OCT 21 2019 BY3985		
1 Entity ID Number 001684069	2 Exact name of the Limited Liability Company 89 Angell Street, LLC					
3. NAICS Code 531190	Brief description of the character of business conducted in Rhode Island Real Estate management					
5. State of Formation Rt						
6. Principal Office Address 820 Hale Street			City Beverly	State MA	Zip 01915	
7. Mailing Address of Limited Li		any and Name or				
Contact Name Nicola Savignano			Contact Title Member			
Street Address 820 Hale Street			City Beverly	State MA	^{Zip} 01915	
8. List ALL managers (names a	ind addresse	s) of the Limited	Liability Company, IF APPLIC	ABLE - DO NOT LIST N	AEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zip	
			•	Check the box to in	ndicate an attachment	
9 Resident Agent in Rhode Isla	ind. This inform	nation is currently	of record with the Department of S	State Changes require filin	g Form 642.	
Under penalty of periury 1 de	clare and aff	irm that I have i	evamined this report includ	ing any accompanying	schedules and	

(SOLE MANAGER)

SIGN DOCUMENT HERE

MAIL TO:

Division of Business Services

Name of Authorized Person

Signature of Authorized Person

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

NICOLA SAVIGNANO

statements, and that all statements contained herein are true and correct.

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