

## Annual Report for the year: 2019 Limited Liability Company

- → Filing period: September 1 November 1
- $\rightarrow$  Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by December 1.

FILED		STAMP	
OCT 2 1 2019	DV 1	FOR SECRETARY OF LITAT , USE OF LY	
~5 K) Y	l		

1. Entity ID Number <b>793297</b>		2. Exact name of the Limited Liability Company  LA CASITA, LLC					
3. NAICS Code		Brief description of the character of business conducted in Rhode Island					
531390	REAL EST	REAL ESTATE					
5. State of Formation							
RI							
6. Principal Office Address			City	State	Zip		
122 TOURO STREET			NEWPORT	RI	02840		
7. Mailing Address of Limited	Liability Compa	any and Name o	r Title of Contact Person				
Contact Name TURNER C. SCOTT			Contact Title REGISTERED AGENT				
Street Address 122 TOURO STREET		City NEWPORT	State RI	Zip 02840			
8. List ALL managers (names	and addresse	s) of the Limited	Liability Company, IF APPLICAL	BLE - DO NOT LIST	MEMBERS		
Manager Name		Manager Name	Manager Name				
Street Address		Street Address	Street Address				
City	State	Zıp	City	State	Zıp		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address				
City	State	Zıp	City	State	Zıp		
			ı	Check the box to	indicate an attachment		
9 Resident Agent in Rhode Is	sland. This inform	nation is currently	of record with the Department of Sta	ate. Changes require filii	ng Form 642.		
Under penalty of perjury, I o statements, and that all sta			examined this report, including true and correct.	ng any accompanyin	g schedules and		
Name of Authorized Person				Date	-/10		
JOHN PALMER   10/12/19							
Signature of Authorized Perso	on /	SIG	N DOCUMENT HERE		7 /		

MAIL TO:

Division of Business Services

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

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