RI SOS Filing Number: 201925257270 Date: 10/24/2019 4:00:00 PM



State of Rhode Island and Providence Plantations Department of State - Business Services Division

STAMP

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.

| 1. Entity ID Number | 2. Exact name of the Limited Liability Company | | | | |
|--|---|-----|----------------------|----------|----------------------|
| 000134126 | MACARUSO REALTY, LLC | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | |
| 631120 | TO PURCHASE, SELL, LEASE, HOLD, DEVELOP AND OTHERWISE DEAL WITH REAL PROPERTY | | | | |
| 5. State of Formation | BOTH RESIDENTIAL, COMMERCIAL AND MIXED. | | | | |
| RHODE ISLAND | | | | | |
| 6. Principal Office Address | | | City | State | Zip |
| 124 BISHOP HILL ROAD | | | JOHNSTON | RI | 02919 |
| 7. Malling Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name AMANDA MACARUSO | | | Contact Title MEMBER | | |
| Street Address 124 BISHOP HILL ROAD | | | City JOHNSTON | State RI | ^{Zlp} 02919 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zlp |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zlip |
| Check the box to indicate an attachment | | | | | |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 842, | | | | | |
| 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 Date / / | | | | | |
| AMANDA MACARUSO, MEMBER /0/18/2010 | | | | | 8/2019 |
| Signature of Authorized Persoc SIGN DOCUMENT 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 FILED

OCT 2 4 2019

FORM 632 - Revised: 10/2017