

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.

2. Exact name of the Limited Liability Company					
Calart Associates LLC					
4. Brief description of the character of business conducted in Rhode Island					
Rental of office space					
1					
6. Principal Office Address			State	Zip	
400 Reservoir Avenue, Suite LL-K			RI	02907	
ability Company	y and Name or Tit	le of Contact Person	•		
Contact Name Steven Gouveia			Contact Title CPA		
Street Address 400 Reservoir Avenue, Suite 2G			State RI	<sup>Zip</sup> 02907	
	of the Limited Lia	bility Company, IF APPLICA	BLE - DO NOT LIST I	MEMBERS	
Manager Name Acropolis Management			Manager Name		
Street Address 76 Westminster Street   Suite204		Street Address			
State RI	<sup>Zip</sup> 02903	City	State	Zip	
Manager Name Dan O'Brien			Manager Name		
Street Address 76 Westminster Street			Street Address		
State RI	<sup>Zip</sup> 02903	City	State	Zip	
			Check the box to i	ndicate an attachment	
nd. This informa	tion is currently of re	ecord with the Department of St	ate. Changes require filir	ng Form 642.	
			ng any accompanyin	g schedules and	
Name of Authorized Person Date					
× Bruce Alder					
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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

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