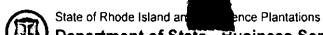
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Department of State - Business Services Division

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.

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	0CT 2		as

1. Entity ID Number 1678054	2. Exact name of the Limited Liability Company AGT, LLC						
3, NAICS Code	Brief description of the character of business conducted in Rhode Island						
531210	Real estate holdings						
5. State of Formation							
Rhode Island							
6. Principal Office Address	<u>.</u>		City	State	Zip		
P.O. Box 167			Franklin	MA	02038		
7. Mailing Address of Limited Lia	ability Compar	ny and Name or	Title of Contact Person	•			
Contact Name Mark Portesi			Contact Title Member	Contact Title Member			
Street Address P.O. Box 167			City Franklin	State MA	Zip 02038		
8. List ALL managers (names a	nd addresses) of the Limited	Liability Company, IF APPLICA	ABLE - DO NOT LIST N	MEMBERS		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zıp	City	State	Zip		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
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 642.							
Under penalty of perjury, I dec statements, and that all stater				ing any accompanying	g schedules and		
Name of Authorized Person				Date	1 - 1		
Mark Portesi				10	120/19		
Signature of Authorized Person Signature of Authorized Person							

MAIL TO:

Division of Business Services

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

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