RI SOS Filing Number: 201925929410 Date: 10/29/2019 4:00:00 PM



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2019 OCT 29 AM 11: 34 STAWP

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.

4 5-22 10 14	To = .	*** ** ** *				
1. Entity ID Number	2. Exact name of the Limited Liability Company 21 Newton Street, LLC					
001057186	ZTNE	wton Stre	et, LLC			
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
531110	Real Estate Holding Company					
5. State of Formation	1					
RI						
6. Principal Office Address			City	State	Zip	
361 Atwells Avenue			Providence	RI	02903	
7. Mailing Address of Limited Lia	ability Compai	ny and Name or T				
Conlact Name Salvatore Eacuello, Jr			Conlact Title Member			
Street Address 361 Atwells Avenue			City Providence	State RI	Z ₁ p 02903	
8. List ALL managers (names a	nd addresses) of the Limited Li	ability Company, IF APPLICAL	BLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zıp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zip	
	1		···········	Check the box to i	indicate an attachment	
9. Resident Agent in Rhode Isla	nd. This inform	ation is currently of	record with the Department of Sta	ate Changes require filir	ng Form 642.	
Under penalty of perjury, I dec statements, and that all stater	lare and affi nents contai	rm that I have ex ned herein are tr	amined this report, including ue and correct.	g any accompanyin	g schedules and	
Name of Authorized Person				Date	Date	
Salvatore Eacuello, Jr.				10/25/2019		
Signature of Authorized Person		late SIGIN	DOUMENT 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

FORM 632 - Revised: 10/2017