



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

FILED

OCT 28 2019

BY

2163

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 <u>000114948</u>		2. Exact name of the Limited Liability Company <u>Carporelli Enterprises L.L.C.</u>			
3. NAICS Code <u>531120</u>		4. Brief description of the character of business conducted in Rhode Island <u>Lessors of non residential buildings</u>			
5. State of Formation <u>RI</u>					
6. Principal Office Address <u>34 Post Road</u>			City <u>Westerly</u>	State <u>RI</u>	Zip <u>02891</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>Mary E. Carparelli</u>			Contact Title <u>Co-Owner</u>		
Street Address <u>34 Post Road</u>			City <u>Westerly</u>	State <u>RI</u>	Zip <u>02891</u>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <u>Mary E. Carparelli</u>			Manager Name <u>Thomas M. Carparelli</u>		
Street Address <u>34 Post Road</u>			Street Address <u>34 Post Road</u>		
City <u>Westerly</u>	State <u>RI</u>	Zip <u>02891</u>	City <u>Westerly</u>	State <u>RI</u>	Zip <u>02891</u>
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an					
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 declare and affirm that I have examined this report, including any accompanying schedule statements, and that all statements contained herein are true and correct.					
Name of Authorized Person <u>Mary E. Carparelli</u>					Date <u>10-25-19</u>
Signature of Authorized Person <u>Mary E. Carparelli</u>					SIGN DOCUMENT HERE