



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

**FILED**

OCT 28 2019

BY 2103

**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<br><u>000114948</u>  |                    | 2. Exact name of the Limited Liability Company<br><u>Carporelli Enterprises L.L.C.</u>                                     |   |                    |                         |
| 3. NAICS Code<br><u>531120</u>   |                    | 4. Brief description of the character of business conducted in Rhode Island<br><u>LESSORS OF NON RESIDENTIAL BUILDINGS</u> |   |                    |                         |
| 5. State of Formation<br><u>RI</u>   |                    |  |   |                    |                         |
| 6. Principal Office Address<br><u>34 Post Road</u>   |                    |  | City<br><u>Westerly</u>                     | State<br><u>RI</u> | Zip<br><u>02891</u>     |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |                    |  |   |                    |                         |
| Contact Name<br><u>Mary E. Carparelli</u>  |                    |  | Contact Title<br><u>Co-Owner</u>            |                    |                         |
| Street Address<br><u>34 Post Road</u>  |                    |  | City<br><u>Westerly</u>                     | State<br><u>RI</u> | Zip<br><u>02891</u>     |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS   |                    |  |   |                    |                         |
| Manager Name<br><u>Mary E. Carparelli</u>  |                    |  | Manager Name<br><u>Thomas M. Carparelli</u> |                    |                         |
| Street Address<br><u>34 Post Road</u>  |                    |  | Street Address<br><u>34 Post Road</u>       |                    |                         |
| City<br><u>Westerly</u>  | State<br><u>RI</u> | Zip<br><u>02891</u>  | City<br><u>Westerly</u>                     | State<br><u>RI</u> | Zip<br><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   |                    |  |   |                    |                         |
| <b>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.</b> |                    |  |   |                    |                         |
| Name of Authorized Person<br><u>Mary E. Carparelli</u>   |                    |  |   |                    | Date<br><u>10-25-19</u> |
| Signature of Authorized Person<br><u>Mary E. Carparelli</u>  |                    |  |   |                    | SIGN DOCUMENT HERE      |