



State of Rhode Island and Providence Plantations

## 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.

**FILED STAMP**  
**OCT 28 2019**  
 30643  
 SECRETARY OF STATE  
 USE ONLY

|   |       |   |   |
|---|-------|---|---|
| 1 Entity ID Number<br><b>861083</b>   |       | 2 Exact name of the Limited Liability Company<br><b>DOLCE FAR NIENTE, LLC</b>                     |   |
| 3 NAICS Code<br><b>531390</b>   |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Real Estate</b> |   |
| 5 State of Formation<br><b>RI</b>   |       |   |   |
| 6. Principal Office Address<br><b>167 Main Street</b>   |       | City<br><b>Westerly</b>   | State<br><b>RI</b><br>Zip<br><b>02891</b> |
| 7 Mailing Address of Limited Liability Company and Name or Title of Contact Person  |       |   |   |
| Contact Name<br><b>Americo M. Scungio</b>   |       | Contact Title<br><b>Member</b>  |   |
| Street Address<br><b>167 Main Street</b>  |       | City<br><b>Westerly</b>   | State<br><b>RI</b><br>Zip<br><b>02891</b> |
| 8 List ALL managers (names and addresses) of the Limited Liability Company IF APPLICABLE - DO NOT LIST MEMBERS  |       |   |   |
| Manager Name  |       | Manager Name  |   |
| Street Address  |       | Street Address  |   |
| City  | State | Zip   | City                                      |
| City  | State | Zip   | City                                      |
| Manager Name  |       | Manager Name  |   |
| Street Address  |       | Street Address  |   |
| City  | State | Zip   | City                                      |
| City  | State | Zip   | City                                      |
| Check the box to indicate an attachment <input type="checkbox"/>  |       |   |   |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642  |       |   |   |
| <i>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</i> |       |   |   |
| Name of Authorized Person<br><b>Americo M. Scungio</b>  |       | Date<br><b>10-25-19</b>   |   |
| Signature of Authorized Person<br>  |       | SIGN DOCUMENT HERE  |   |

## MAIL TO:

Division of Business Services

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