



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.

| | | | | | |
|--|--------------------|--|------|-------------------------|---------------------|
| 1. Entity ID Number 509162 | | 2. Exact name of the Limited Liability Company LTLT, LLC | | | |
| 3. NAICS Code 423440 | | 4. Brief description of the character of business conducted in Rhode Island OWNING, LEASING, INVESTING AND MANAGEMENT OF REAL ESTATE | | | |
| 5. State of Formation RHODE ISLAND | | | | | |
| 6. Principal Office Address P.O. BOX 6008 | | City MIDDLETOWN | | State RI | Zip 02842 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name STEPHEN J. TOPPA | | Contact Title MANAGER | | | |
| Street Address P.O. BOX 6008 | | City MIDDLETOWN | | State RI | Zip 02842 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name STEPHEN J. TOPPA | | Manager Name | | | |
| Street Address P.O. BOX 6008 | | Street Address | | | |
| City MIDDLETOWN | State RI | Zip 02842 | City | State | Zip |
| Manager Name | | Manager Name | | | |
| Street Address | | Street Address | | | |
| City | State | Zip | City | State | Zip |
| 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. | | | | | |
| 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. | | | | | |
| Name of Authorized Person Stephen J. Toppa | | | | Date 10/22/19 | |
| Signature of Authorized Person <i>Stephen J. Toppa</i> | | | | SIGN DOCUMENT 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

FILED

OCT 30 2019

BY **6023**
[Signature]

FORM 532 Revised: 08/2016