

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.

| | STATE |
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| | FILE |
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| 1. Entity ID Number 7982 MANCINO ASSOCIATES ARCHITECTS LLC | | | | | | | |
|--|---|----------------------|----------------------|--|----------------------|--|--|
| 3. NAICS Code | NAICS Code 4. Brief description of the characteristics and the characteristics are supplied to the characteristics. | | | cter of business conducted in Rhode Island | | | |
| 541310 | | | | | | | |
| 5. State of Formation | ARCHITECTUAL | | | | | | |
| RHODE ISLAND | | | | | | | |
| 6. Principal Office Address | • | | City | State | Zip | | |
| 61 POTTER STREET | | | EAST PROVIDENCE | RI | 02914 | | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | | |
| Contact Name AL MANCINO | | | Contact Title OWNER | | | | |
| Street Address 61 POTTER STRI | EET | | City EAST PROVIDENCE | State RI | ^{Zip} 02914 | | |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | | | |
| Manager Name AL MANCINO | \ . | | Manager Name | | | | |
| Street Address 61 POTTER STRE | ET | | Street Address | | | | |
| City EAST PROVIDENCE | State RI | ^{Zip} 02914 | City | State | Zip | | |
| Manager Name GENE MA | 4NC1N0 | | Manager Name | | | | |
| Street Address 61 POTTOR | | | Street Address | | | | |
| CITY AST PROVIDENCE | State R.I. | Zip 072914 | City | State | Zip | | |
| Check the box to indicate an attachment | | | | | | | |
| 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 | | | | | Date | | |
| AL MANCINO | | | | | 10/3L 2019 | | |
| Signature of Authorized Person | | | | | | | |

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov