

FILED

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.

					$\times \smile$	
1. Entity ID Number <b>509134</b>		2. Exact name of the Limited Liability Company Gianna Michael-John Realty, LLC				
3. NAICS Code	4. Brief der	4. Brief description of the character of business conducted in Rhode Island				
531390	Realty	Realty				
5. State of Formation						
Rhode Island						
6. Principal Office Address			City	State	Zip	
21 Stephanie Drive			Foster	RI	02825	
7. Mailing Address of Limited		any and Name or				
Contact Name John Notarianni			Contact Title Member	Contact Title Member		
Street Address 21 Stephanie Drive			City Foster	State RI	<sup>Zip</sup> 02825	
8. List ALL managers (name	s and addresser	s) of the Limited	Liability Company, IF APPLIC	ABLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
				Check the box to	indicate an attachment	
9. Resident Agent in Rhode I	Island. This inform	nation is currently	of record with the Department of S	State. Changes require fili	ng Form 642.	
Under penalty of perjury, I statements, and that all sta			examined this report, include true and correct.	ling any accompanyin	ng schedules and	
Name of Authorized Person				Date 🕢	*	
John Notarianni				/-	10-19	
Signature of Authorized Pers	MI	W SIG	N 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