RI SOS Filing Number: 201926917830 Date: 11/5/2019 4:00:00 PM



State of Rhode Island and Providence Plantations

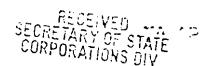
## **Department of State - Business Services Division**

## 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.



2019 NOV -5 AM 9: 13

| Entity ID Number 2. Exact name of the Limited Liability Company  |  |     |                      |          |                      |  |
|--|--|-----|----------------------|----------|----------------------|--|
| 869879   | RC HOLDINGS, LLC   |     |                      |          |                      |  |
| 3. NAICS Code  | Brief description of the character of business conducted in Rhode Island |     |                      |          |                      |  |
| 531390   | BUY, SELL AND INVEST IN REAL ESTATE                                      |     |                      |          |                      |  |
| 5. State of Formation  |  |     |                      |          |                      |  |
| RI   |  |     |                      |          |                      |  |
| 6. Principal Office Address  |  |     | City                 | State    | Zip                  |  |
| 1263 HARTFORD AVENUE   |  |     | JOHNSTON             | RI       | 02919                |  |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |  |     |                      |          |                      |  |
| Contact Name ROBERT C CORIO  |  |     | Contact Title MEMBER |          |                      |  |
| Street Address 1263 HARTFORD AVENUE  |  |     | City JOHNSTON        | State RI | <sup>Zıp</sup> 02919 |  |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS   |  |     |                      |          |                      |  |
| Manager Name NONE  |  |     | Manager Name         |          |                      |  |
| Street Address   |  |     | Street Address       |          |                      |  |
| Crty   | State  | Zıp | City                 | State    | Zıp                  |  |
| Manager Name   |  |     | Manager Name         |          |                      |  |
| Street Address   |  |     | Street Address       |          |                      |  |
| City   | State  | Zip | City                 | State    | Zıp                  |  |
| 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     | Date                 |  |
| ROBERT C CORIO   |  |     |                      | 10 29    | 10/29/19             |  |
| Signature of Authorized Reson PORT 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  $\checkmark$ 

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BY On ck 4324

FORM 632 - Revised: 10/2017