RI SOS Filing Number: 201927381630 Date: 11/8/2019 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

SECRETARY OF STATE CORPORATIONS DIV	Ţ <sub>₩</sub> Ţ.
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5 State of Formation Rhode Island 6. Principal Office Address 3852 Main Road 7 Mailing Address of Limited Liabil	Maritime Trad	es	City	d in Rhode Island State		
5 State of Formation Rhode Island 6. Principal Office Address 3852 Main Road 7 Mailing Address of Limited Liabil	lity Company a		1 '	State		
Rhode Island 6. Principal Office Address 3852 Main Road 7. Mailing Address of Limited Liabil			1 '	State		
Principal Office Address     3852 Main Road      Mailing Address of Limited Liabil			1 '	State		
3852 Main Road  7 Mailing Address of Limited Liabil			1 '	State		
7 Mailing Address of Limited Liabil			Tiverton	3.0.0	Zıp	
			·····	RI	02878	
Contact Name	riccio	and Name or Tit		I	I.	
Contact Name Phillip Anthony Capriccio			Contact Title Manager			
Street Address 3852 Main Road			C ty Tiverton	State RI	Zip 02878	
8. List ALL managers (names and		the Limited Lial	oility Company, IF APPLICA	ABLE - DO NOT LIST I	MEMBERS	
Manager Name Phillip Anthony Capriccio			Manager Name			
Street Address 2542 North San Gabriel Blvd			Street Address			
C ty Rosemead S	State CA	<sup>Zip</sup> 91770	C ty	State	Zıp	
Manager Name		•	Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zip	
	<u>-</u>	<u>l</u>		Check the box to	ndicate an attachment	
9 Resident Agent in Rhode Island	This informatio	n is currently of re	cord with the Department of S			
Under penalty of perjury, I declar statements, and that all statemen	re and affirm i	that I have exa I herein are tru	mined this report, include and correct.	ing any accompanyin	g schedules and	
Name of Authorized Person				Date		
David M. Bohonnon			7	10/15/2019		
Signature of Authorized Person		link	CONTENT 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