

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.

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FIL	ED,	
	SECRETARY OF STA	7

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	<del>,</del>				• • • •		
Entity ID Number     2. Exact name of the Limited Liability Company							
93901	RCL Far	nily Rea	Ity Associates,	LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
531390	Real estate.						
5. State of Formation							
Rhode island	}						
6. Principal Office Address			City	State	Zip		
56 Exchange Terrace, 5th Floor			Providence	RI	02903		
7. Mailing Address of Limited Lia	<del></del>	nd Name or Titl	e of Contact Person				
Contact Name Ramon D. Llamas			Contact Title Co-Operating Manager				
Street Address 56 Exchange Terrace, 5th Floor			City Providence	State RI	<sup>Zip</sup> 02903		
8. List ALL managers (names as		the Limited Liab	ility Company, IF APPLICAE	BLE - DO NOT LIST N	MEMBERS		
Manager Name Ramon D. Llamas			Manager Name Celia L. Llamas				
Street Address 56 Exchange Terrace, 5th Floor			Street Address 56 Exchange Terrace, 5th Floor				
City Providence	State RI	<sup>Zip</sup> 02903	City Providence	State RI	<sup>Zip</sup> 02903		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
	<del> </del>	<u>L</u>		Check the box to in	ndicate an attachment		
9. Resident Agent in Rhode Islar	nd. This information	is currently of re	cord with the Department of Sta	te. Changes require filin	g Form 642.		
Under penalty of perjury, I dec statements, and that all staten				g any accompanying	g schedules and		
Name of Authorized Person Date							
Ramon D. Llamas					7-19		
Signature of Authorized Person	Ilama	SIGN D	OCUMENT HERE		• • • • • • • • • • • • • • • • • • • •		

MAIL TO:

**Division of Business Services** 

48 W. River Street, Providence, Rhode Island 02904-2615

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