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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019 Limited Liability Company

CECEVEL SIGRETARY OF STATE CORPORATIONS DIV

2019 NOV 22 AM 10: 25

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 566158	2. Exact name of the Limited Liability Company 920 HARTFORD AVENUE, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
531390	TO BUY, SELL AND INVEST IN REAL ESTATE				
5. State of Formation RI					
6. Principal Office Address			City	State	Zip
920 HARTFORD AVENUE			JOHNSTON	RI	02919
7. Mailing Address of Limited Lia	bility Compan	y and Name or Titl	e of Contact Person		l .
Contact Name FELICE N. MAGLIARI			Contact Title MEMBER		
Street Address 920 HARTFORD AVENUE			City JOHNSTON	State RI	^{Z_{IP}} 02919
8. List ALL managers (names ar	nd addresses)	of the Limited Liab	oility Company, IF APPLICAE	BLE - DO NOT LIST I	MEMBERS
Manager Name NONE			Manager Name		
. Street Address			Street Address		
City	State	Zıp	City	State	Zıp
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zıp	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 dec statements, and that all staten	lare and affiri nents contain	m that I have examed herein are true	mined this report, including and correct.	g any accompanyin	g schedules and
Name of Authorized Person Date / /					
FELICE N. MAGLIARI ### 120/19					
Signature of Authorized Person Ale DOCUMEN HOSE.					

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 C NOV 2 2 2019

FORM 632 - Revised: 10/2017