



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.

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|   |       |   |                             |                    |                                  |
|---|-------|---|-----------------------------|--------------------|----------------------------------|
| 1. Entity ID Number<br><b>790671</b>  |       | 2. Exact name of the Limited Liability Company<br><b>TALIA HOLDINGS LLC</b>                       |                             |                    |                                  |
| 3. NAICS Code<br><b>531390</b>  |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>REAL ESTATE</b> |                             |                    |                                  |
| 5. State of Formation<br><b>RI</b>  |       |   |                             |                    |                                  |
| 6. Principal Office Address<br><b>240 CHESTNUT ST</b>   |       | City<br><b>WARWICK</b>  |                             | State<br><b>RI</b> | Zip<br><b>02888</b>              |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |   |                             |                    |                                  |
| Contact Name <b>ROBERT AVARISTA</b>   |       |   | Contact Title <b>MEMBER</b> |                    |                                  |
| Street Address <b>140 POINT JUDITH ROAD</b>   |       |   | City <b>NARRAGANSETT</b>    |                    | State <b>RI</b> Zip <b>02882</b> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |       |   |                             |                    |                                  |
| Manager Name  |       |   | Manager Name                |                    |                                  |
| Street Address  |       |   | Street Address              |                    |                                  |
| City  | State | Zip   | City                        | State              | Zip                              |
| Manager Name  |       |   | Manager Name                |                    |                                  |
| Street Address  |       |   | Street Address              |                    |                                  |
| City  | State | Zip   | City                        | State              | Zip                              |
| Check the box to indicate an attachment <input type="checkbox"/>  |       |   |                             |                    |                                  |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.   |       |   |                             |                    |                                  |
| <i>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.</i> |       |   |                             |                    |                                  |
| Name of Authorized Person<br><b>ROBERT AVARISTA</b>   |       |   |                             | Date               |                                  |
| Signature of Authorized Person  <b>ON DOCUMENT HERE</b>  |       |   |                             |                    |                                  |

MAIL TO:

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Website: [www.sos.ri.gov](http://www.sos.ri.gov)