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2020 MAR -2 P 1:28

Annual Report for the year: _ <u>2020</u> 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.

Entity ID Number	2. Exact name of the Limited Liability Company					
1657440	mar llc					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
238990						
5. State of Formation	Temmy bend henral					
RI						
6. Principal Office Address			City	State	Zip	
1340 HANSford ALL			Johnston	RI	02919	
7. Mailing Address of Limited Lia	bility Compa	any and Name o	r Title of Contact Person	•		
Contact Name MICHAEL JRIZZO JR			Contact Title	CEO		
Street Address 1340 HAMPford ALL			City Johnson,	State KI	Zip 02919	
8. List ALL managers (names ar	nd addresse	s) of the Limited	Liability Company, IF APPLIC	CABLE - DO NOT LIST M	EMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name	•	•	Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
	1			Check the box to in	dicate an attachment	
9. Resident Agent in Rhode Islan	nd. This inform	nation 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 aff nents conta	irm that I have ined herein are	examined this report, inclu true and correct.	ding any accompanying	schedules and	
Name of Authorized Person				Date		
MIN Michael 1 K1230 Da				2.29	.20	
Signature of Authorized Person						
V//////			•			
						

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

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FORM 632 - Revised: 10/2017