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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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2020 APR 20 P 4: 09

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.

1. Entity ID Number 000507464		2. Exact name of the Limited Liability Company CENTRO LLC				
3. NAICS Code 72251		Brief description of the character of business conducted in Rhode Island     Restaurant and Lounge				
5. State of Formation Rhode Island						
6. Principal Office Address One Exchange Street			City Providence	State Rhode Island	Zip 02903	
7. Mailing Address of Limited	Liability Compa	any and Name o				
Contact Name Dino Passaretta			Contact Title Member			
Street Address One Exchange Street			City Providence	State RI	Zip 02903	
8. List ALL managers (name	s and addresse	s) of the Limited	Liability Company, IF APPLICAE	BLE - DO NOT LIST ME	MBERS	
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 attachme						
Resident Agent in Rhode I	Island, This inform	nation is currently	of record with the Department of Sta	ite. Changes require filing F	orm 642.	
Under penalty of perjury, I statements, and that all sta	declare and aff etements conta	īrm that I have ( ined herein are	examined this report, including true and correct.	g any accompanying s	chedules and	
Name of Authorized Person				Date	Date	
Dino Passaretta				4/20/2020	4/20/2020	
Signature of Authorized Pers	on	SIG	N DOCUMENT 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** 

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FORM 632 - Revised: 10/2017