RI SOS Filing Number: 202040902300 Date: 5/26/2020 4:00:00 PM



State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

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

1. Entity ID Number 00132120	2. Exact name of the Limited Liability Company RDC TOURS.LLC					
3. NAICS Code 561510	Brief description of the character of business conducted in Rhode Island     ORGANIZE AND ESCORT TOURS					
5. State of Formation RHODE ISLAND						
6. Principal Office Address 32 ORCHARD MEADOWS DRIVE			City SMITHFIELD	State R.I.	Zip 01917	
7. Mailing Address of Limited L	iability Compa	ny and Name or Title	e of Contact Person			
Contact Name RICHARD D CECE		Contact Title OWNER/MANAGER				
Street Address 32 ORCHARD MEADOWS DRIVE			City SMITHFIELD	State R.I.	<sup>Zip</sup> 92817	
8. List ALL managers (names	and addresse:	s) of the Limited Liab	oility Company, IF APPLICAB	LE - DO NOT LIST I	MEMBERS	
Manager Name	•		Manager Name			
Street Addr		Street Address				
City -	Sta*	ρ n== =	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
		<u> </u>		Check the box to i	ndicate an attachment	
9. Resident Agent in Rhode Isl	and. This inform	nation is currently of re-	cord with the Department of Sta	te. Changes require filir	ng Form 642.	
Under penalty of perjury, I destatements, and that all state	eciare and aff ements conta	îrm that I have exal ined herein are true	mined this report, including and correct.	g any accompanyin	g schedules and	
Name of Authorized Person			Date	Date		
RICHARD D CECE			05.15.2	05.15.2020		
Signature of Authorized Person	Cecl	SIGN D	OCUMENT 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