



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
149 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2019

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law R.I.G.L. 7-16-66 (b&c) is subject to a penalty fee of \$25.00

| | | | |
|---|--------------|--|--------------|
| 1. ID No 488213 | | 2. Exact name of the limited liability company ST. Augustine Management LLC | |
| 3. State of Formation RI | | 4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate (S2110) | |
| 5. Principal office address 14 STARLINE WAY | | City CRANSTON | State RI |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name OSSAMA LABIB | | Contact Title Manager | |
| Street Address 833 OLD WARREN RD. | | City SWANSEA | State MA |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <u>DO NOT LIST MEMBERS</u> FILL IN SPACES BEFORE USING ATTACHMENTS (X) BOX FOR ATTACHMENT <input type="checkbox"/> | | Zip 02921 | Zip 02777 |
| Manager Name OSSAMA LABIB | | Manager Name DOUAA CIRGIS | |
| Street Address 833 OLD WARREN RD | | Street Address 833 OLD WARREN RD | |
| City SWANSEA | State MA | City SWANSEA | State MA |
| Zip 02777 | Zip 02777 | Zip 02777 | Zip 02777 |
| Manager Name Larry Monet | | Manager Name | |
| Street Address 14 Starline Way | | Street Address | |
| City CRANSTON | State RI | City | State |
| Zip 02921 | Zip | Zip | Zip |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 | | | |
| Agent Name | | Address | |
| Address | | City | Zip |

ID# 488213
Tax ID

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b)

FILED

JUL 31 2020
1081 DS

BY

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.

Signature of Authorized Person: *[Signature]* Date: 7/25/2020
Print or Type Name of Authorized Person: OSSAMA LABIB Date: 7/25/2020

File Date _____
Check No. _____

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