



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	Zip 02921
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 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	
Manager Name Larry Monet		Manager Name	
Street Address 14 Starline Way		Street Address	
City CRANSTON	State RI	City	State
Zip 02921		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

BY

1081 DS

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]

7/25/2020

Signature of Authorized Person

Date

OSSAMA LABIB

7/25/2020

Print or Type Name of Authorized Person

File Date	_____
Check No.	_____
Fee	_____
FOR SECRETARY OF STATE USE ONLY	