RI SOS Filing Number: 202051988670 Date: 9/3/2020 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

| | 2020 |
|-----------------------------|----------|
| Annual Report for the year: | |
| imited Liability Company | <u>-</u> |

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

| SEP 0 3 2020 SEP 0 3 2020 SECRETARY OF STATE USE ONLY |
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|--|--|-----------------------|------------------------------------|-----------------------|------------------------|--|--|
| Entity ID Number | 2. Exact name of the Limited Liability Company | | | | | | |
| 608940 | JUSTO FAMILY INVESTMENTS, LLC | | | | | | |
| 3. NAICS Code 531120 | 4. Brief description of the character of business conducted in Rhode Island own, develop, invest in, and manage real estate | | | | | | |
| 5. State of Formation Rhode Island | Own, develop, myesem, and manage real estate | | | | | | |
| 6. Principal Office Address | incipal Office Address | | | State | Zip | | |
| 190 Briarcliffe Avenue | | | Warwick | RI | 02889-0000 | | |
| 7. Mailing Address of Limited Lia | bility Company a | ind Name or Title | of Contact Person | | | | |
| Contact Name John S. Justo | | | Contact Title Manager | | | | |
| Street Address 190 Briancliffe Avenue | | | | State R1 | Zip 02889-0000 | | |
| 8. List ALL managers (names ar | nd addresses) of | the Limited Liab | ility Company, IF APPLICABLE | - DO NOT LIST I | MEMBERS | | |
| Manager Name John S. Justo | | | Manager Name | | | | |
| Street Address 190 Briarcliffe Avenue | | | Street Address | | | | |
| City Warwick | State R1 | Zip 02889 | City | State | Zıp | | |
| Manager Name | | | Manager Name | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | State | Zıp | | |
| | <u> </u> | 1 | | Check the box to i | indicate an attachment | | |
| 9. Resident Agent in Rhode Islan | nd. This information | n is currently of red | cord with the Department of State. | Changes require filin | ng Form 642. | | |
| Under penalty of perjury, I dec statements, and that all staten | lare and affirm | that I have exam | nined this report, including a | | | | |
| Name of Authorized Person Date | | | | | | | |
| John S. Justo | Manager | | | 09/07/2020 | | | |
| Signature of Authorized Person SIGN 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