	State of Rhode Island Office of the Secretary of State	Fee: \$50.00
	Division Of Business Services 148 W. River Street Providence RI 02904-2615	
HOPE	(401) 222-3040	
Limited Liability Con Annual Report Filing Period: September 1		
	7-16-66(d), each limited liability company failing or refusing nin thirty (30) days after the time prescribed by law (R.I.G.L. 7- penalty fee of \$25.00.	
ANNUAL REPORT YEAR	: 2020	
1. ID No. <u>00048587</u>	<u>18</u>	
2. Exact Name of the L	imited Liability Company <u>MARIETTA LLC</u>	
3. State of Formation		
State: <u>RI</u>		
-	Code that best describes the primary business conducted by the re information on <u>NAICS</u> can be found online.	e entity. Download
<u>722511</u>		
4. Brief Description of th	he Character of the Business Which is Actually Conducted i	in Rhode Island
	he Character of the Business Which is Actually Conducted i	in Rhode Island
4. Brief Description of th		in Rhode Island
4. Brief Description of th <u>VACANT</u> 5. Principal Office Addre No. and Street: <u>148</u>	ess -25 29TH AVENUE	in Rhode Island Country: <u>USA</u>
4. Brief Description of th <u>VACANT</u> 5. Principal Office Addre No. and Street: <u>148</u> City or Town: <u>FLL</u>	ess -25 29TH AVENUE	Country: <u>USA</u>
4. Brief Description of the VACANT 5. Principal Office Addres No. and Street: 148 City or Town: FLU 6. Mailing Address of Li Contact Name: MARIO No. and Street: 148-	ess <u>-25 29TH AVENUE</u> <u>JSHING</u> State: <u>NY</u> Zip: <u>11354</u> imited Liability Company and Name or Title of Contact Pers <u>DURSO</u> Contact Title: <u>OWNER</u> <u>-25 29TH AVENUE</u>	Country: <u>USA</u> son:
4. Brief Description of th <u>VACANT</u> 5. Principal Office Addre No. and Street: 148 City or Town: FLL 6. Mailing Address of Li Contact Name: MARIO No. and Street: 148-	ess <u>-25 29TH AVENUE</u> <u>JSHING</u> State: <u>NY</u> Zip: <u>11354</u> imited Liability Company and Name or Title of Contact Pers <u>DURSO</u> Contact Title: <u>OWNER</u> <u>-25 29TH AVENUE</u>	Country: <u>USA</u>
4. Brief Description of the VACANT 5. Principal Office Address No. and Street: 148 City or Town: FLL 6. Mailing Address of Lit Contact Name: MARIO No. and Street: 148 City or Town: FLL	ess 2-25 29TH AVENUE JSHING State: NY Zip: 11354 imited Liability Company and Name or Title of Contact Pers DURSO Contact Title: OWNER -25 29TH AVENUE State: NY Zip: 11354 SHING State: NY Zip: 11354 f Each Manager of the Limited Liability Company, if Applic	Country: <u>USA</u> son: Country: <u>USA</u>
4. Brief Description of th <u>VACANT</u> 5. Principal Office Addres No. and Street: 148 City or Town: FLL 6. Mailing Address of Li Contact Name: MARIO No. and Street: 148- City or Town: FLU 7. Name and Address o	ess 2-25 29TH AVENUE JSHING State: NY Zip: 11354 imited Liability Company and Name or Title of Contact Pers DURSO Contact Title: OWNER -25 29TH AVENUE State: NY Zip: 11354 SHING State: NY Zip: 11354 f Each Manager of the Limited Liability Company, if Applic	Country: <u>USA</u> son: Country: <u>USA</u> able.

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

TRAC - THE REGISTERED AGENT COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

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

Signed this 23 Day of September, 2020 at 12:45:33 PM by the authorized person. This

electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By MARIO DURSO

Signature of Authorized Person

Form No. 632 Revised 09/07

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