



State of Rhode Island

Department of State - Business Services Division

FILED

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.

SEP 22 2020

BY

HAG
DS

1. Entity ID Number 001658437		2. Exact name of the Limited Liability Company 1085 Waterman Avenue, LLC			
3. NAICS Code 53 1110		4. Brief description of the character of business conducted in Rhode Island Real Estate and Rental			
5. State of Formation Rhode Island					
6. Principal Office Address 60 Colvin Street Box 357			City Hope	State RI	Zip 02831
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Anthony D. Altrui			Contact Title Manager		
Street Address 60 Colvin Street			City Hope	State RI	Zip 02831
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Na		
Street Address			Street Add		
City			City		
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
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.					
Name of Authorized Person Anthony D. Altrui				Date 9/18/2020	
Signature of Authorized Person <i>Anthony D. Altrui</i>					

MAIL TO:

Division of Business Services

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