



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**FILED**  
 SEP 24 2020  
 1326 *R*

**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.

|   |       |   |                                |                        |                     |
|---|-------|---|--------------------------------|------------------------|---------------------|
| 1. Entity ID Number<br><u>123140</u>  |       | 2. Exact name of the Limited Liability Company<br><u>SHAFTER ST. REALTY CO. LLC</u>                       |                                |                        |                     |
| 3. NAICS Code<br><u>531120</u>  |       | 4. Brief description of the character of business conducted in Rhode Island<br><br><u>OWN REAL ESTATE</u> |                                |                        |                     |
| 5. State of Formation<br><u>R.I.</u>  |       |   |                                |                        |                     |
| 6. Principal Office Address<br><u>600 COLE FARM RD. #A-46</u>   |       |   | City<br><u>WARWICK</u>         | State<br><u>R.I.</u>   | Zip<br><u>02889</u> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |   |                                |                        |                     |
| Contact Name<br><u>MARGUERITE D'ERRICO</u>  |       |   | Contact Title<br><u>MEMBER</u> |                        |                     |
| Street Address<br><u>600 COLE FARM RD. #A-46</u>  |       |   | City<br><u>WARWICK</u>         | State<br><u>RI</u>     | Zip<br><u>02889</u> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |       |   |                                |                        |                     |
| Manager Name  |       |   | Manager Name                   |                        |                     |
| Street Address  |       |   | Street Address                 |                        |                     |
| City  | State | Zip   | City                           | State                  | Zip                 |
| 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. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.   |       |   |                                |                        |                     |
| <i>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.</i> |       |   |                                |                        |                     |
| Name of Authorized Person<br><u>MARGUERITE D'ERRICO</u>   |       |   |                                | Date<br><u>9/16/20</u> |                     |
| Signature of Authorized Person<br><u>Marguerite D'Errico</u>  |       |   |                                |                        |                     |

**MAIL TO:**  
 Division of Business Services  
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