



State of Rhode Island
Department of State - Business Services Division

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.

FILED
 SEP 30 2020
 BY *[Signature]*

1. Entity ID Number 161129		2. Exact name of the Limited Liability Company CAMPOPIANO PLAZA I.L.C					
3. NAICS Code 531120		4. Brief description of the character of business conducted in Rhode Island REAL ESTATE RENTAL					
5. State of Formation RI							
6. Principal Office Address 9 SAMPSON AVE				City NORTH PROVIDENCE		State RI	Zip 02911
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name JOSEPH FAMIGLIETTI CPA				Contact Title CPA			
Street Address 1910 SMITH ST - UNIT 15				City NO PROVIDENCE		State RI	Zip 02911
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. 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 ANNETTE CAMPOPIANO						Date 9-26-20	
Signature of Authorized Person <i>Annette Campopiano</i>							

MAIL TO:
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