



State of Rhode Island

## Department of State - Business Services Division

FILED

SEP 30 2020

BY

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>01458845</u>   |       | 2. Exact name of the Limited Liability Company<br><u>Corpenna Development Group LLC</u>                                |                    |                        |     |
| 3. NAICS Code<br><u>531390</u>   |       | 4. Brief description of the character of business conducted in Rhode Island<br><u>Real Estate Developer title 7-16</u> |                    |                        |     |
| 5. State of Formation<br><u>RI</u>   |       |  |                    |                        |     |
| 6. Principal Office Address<br><u>5390 Post Rd Unit 2 <sup>East</sup> Greenwich</u>  |       | City<br><u>East Greenwich</u>  | State<br><u>RI</u> | Zip<br><u>02818</u>    |     |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person <u>Member</u>  |       |  |                    |                        |     |
| Contact Name<br><u>Peter J. Corsi</u>  |       | Contact Title<br><u>Member</u>   |                    |                        |     |
| Street Address<br><u>5390 Post Rd Unit 2</u>   |       | City<br><u>East Greenwich</u>  | State<br><u>RI</u> | Zip<br><u>02818</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. 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<br><u>Peter J. Corsi</u>   |       |  |                    | Date<br><u>9-26-20</u> |     |
| Signature of Authorized Person<br><u>Peter J Corsi Jr.</u>   |       |  |                    |                        |     |

## MAIL TO:

Division of Business Services

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