RI SOS Filing Number: 202062953430 Date: 10/6/2020 4:00:00 PM

(13)	State of Rhode Island
	State of Rhode Island  Department of State - Business Services Division

Annual Report for the year:  $\frac{2020}{}$ **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
BY_	OCT 0 6 2020

Entity ID Number     2. Exact name of the Limited Liability Company .								
001669090	FIFTY-ONE	5. 	•					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island							
236116	1 .	Acquire real estate and to purchase, own, develop, improve, hold,manage, lease, sell, mortgage and						
5. State of Formation	1		e in Rhode Island and any other jurisdiction and otherwise deal with all					
kinds of personal property and for all other lawful purposes.								
	<u>L</u>		<del> </del>					
Principal Office Address			City	State	Zip			
110 POTTER HILL ROAD			WESTERLY	RI	02891			
7. Mailing Address of Limited Lia		and Name or Tit						
Contact Name JOHN MAZZARII	NO		Contact Title MANAGER					
Street Address 110 POTTER HIL	L ROAD		City WESTERLY	State RI	<sup>Zip</sup> 02891			
8. List ALL managers (names a	nd addresses) o	of the Limited Lia	bility Company, IF APPLICAE	BLE - DO NOT LIST I	MEMBERS			
Manager Name JOHN MAZZARI	NO		Manager Name					
Street Address 11 VALLEY VIEW	/ ROAD		Street Address					
<sup>City</sup> WILLIAMSBURG	State MA	Zip 01096	City	State	Zip			
Manager Name	•		Manager Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
	<u> </u>	<del> </del>	<del></del>	Check the box to i	ndicate an attachment			
9. The Resident Agent information	on currently of r	ecord with the R	Department of State is accu					
Under penalty of perjury, I dec	lare and affirn	that I have exa	mined this report, includin					
statements, and that all staten	rents containe	d herein are tru	e and correct.		_			
Name of Authorized Person Date								
JOHN MAZZARINO Oct 2, 2020								
Signature of Authorized Person								
John Mazzarino								

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov