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	ζ κ
OCT 0 8 2020	0

Entity ID Number	2. Exact nan	2. Exact name of the Limited Liability Company					
1680063	113 Broadwa	113 Broadway, LLC					
3. NAICS Code		4. Brief description of the character of business conducted in Rhode Island					
441320	RETAIL AN	RETAIL AND WHOLESALE TIRE SERVICE AND AUTOMOTIVE SERVICES					
5. State of Formation							
Rhode Island							
6. Principal Office Address			City	State	Zip		
113 Broadway			Providence	RI	02903		
7. Mailing Address of Limited	d Liability Compar	y and Name or Ti					
Contact Name Anthony Carlone			Contact Title Manager				
Street Address 12 Washington Drive			City Johnston	State RI	^{Zip} 02919		
8. List ALL managers (name		of the Limited Lia	bility Company, IF APPLICA	ABLE - DO NOT LIST	MEMBERS		
Manager Name Anthony Carlone			Manager Name				
Street Address 12 Washington Drive		Street Address					
^{City} Johnston	State RI	Zip 02919	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
		<u>l</u>		Check the box to	indicate an attachment		
9. The Resident Agent infor	mation currently of	record with the R	I Department of State is acc	curate. Changes requi	re filing Form 642.		
Under penalty of perjury, statements, and that all st				ing any accompanyir	ng schedules and		
Name of Authorized Person			Date	Date			
ANTHONY CARLONE			10/1/20	10/1/2020			
Signature of Authorized Rer	son						
anthu Col	<u> </u>						

MAIL TO:

Division of Business Services

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

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