FILED STAMI

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OCT 1 3 2020 CRICINY OF STA

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.

Entity ID Number		2. Exact name of the Limited Liability Company					
000795524	SUFFOLK M	SUFFOLK MANAGEMENT, LLC					
3. NAICS Code		Brief description of the character of business conducted in Rhode Island					
541611	MANAGING	MANAGING AND CONSULTING					
5. State of Formation							
Rhode Island							
6. Principal Office Address			City	State	Zip		
23 Catherine Street			Newport	RI	02840		
7. Mailing Address of Limited		y and Name <u>or</u> Ti				1	
Contact Name Christopher T F	iumara		Contact Title Manager			ļ	
Street Address 300 A Street Su	ite 101		City Boston	State MA	Zip 02210		
8. List ALL managers (name:		of the Limited Lia	bility Company, IF APPLIC	ABLE - DO NOT LIST N	MEMBERS		
Manager Name Christopher T	Fiumara		Manager Name				
Street Address 23 Catherine Street			Street Address				
City Newport	State RI	Zip ₍₎₂₈₄₀	City	State	Zip		
Manager Name Maria A Fiuma	ra		Manager Name				
Street Address 33 Sleeper Street			Street Address				
City Boston	State MA	Zip 02210	City	State	Zıp		
			1	Check the box to in	ndicate an attachm	ent 🔲	
9. The Resident Agent inform	ation currently of	record with the R	Department of State is ac	curate. Changes require	filing Form 642.		
Under penalty of perjury, I o statements, and that all sta				ling any accompanying	g schedules and		
Name of Authorized Person				Date	Date !		
Christopher T Fiumara				10/7/202	20	<u> </u>	
Signature of Authorized Person	on					i	
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			1.0.1.00				

MAIL TO:

Division of Business Services

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

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