



State of Rhode Island

Department of State - Business Services Division

FILED**TAMP****OCT 13 2020**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 170 4380		2. Exact name of the Limited Liability Company 18 Maple Avenue, LLC	
3. NAICS Code 531120		4. Brief description of the character of business conducted in Rhode Island Rental of commercial real estate	
5. State of Formation RI			
6. Principal Office Address 1580 Wampanoag Trail, #200E		City Barrington	State RI
		Zip 02806	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Christopher E. Cuzzone		Contact Title Operating Manager	
Street Address 25 Knapton St.		City Barrington	State RI
		Zip 02806	
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name Christopher E. Cuzzone		Manager Name John F. Cuzzone, III	
Street Address 25 Knapton St.		Street Address 12 Pine Cone Dr.	
City Barrington	State RI	Zip 02806	
City Barrington	State RI	Zip 02806	
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 Christopher E. Cuzzone		Date 10/05/2020	
Signature of Authorized Person 			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov