

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	51%
	N
OCT 13 2020 	

Entity ID Number	2. Exact na	2. Exact name of the Limited Liability Company					
1657294	Wickender	Wickenden Flats, LLC					
3. NAICS Code		4. Brief description of the character of business conducted in Rhode Island					
531390	PURCHAS	PURCHASE, SALE, LEASE AND RENTAL OF REAL ESTATE					
5. State of Formation							
Rhode island							
6. Principal Office Address			City	State	Zip		
1478 Atwood Avenue, Unit 211			Johnston	RI	02919		
7. Mailing Address of Limit	ted Liability Compa	iny and Name o	r Title of Contact Person				
Contact Name Nicholas Cicchitelli			Contact Title Member				
Street Address 1478 Atwood Avenue, Unit 211			City Johnston	State RI	<sup>Zip</sup> 02919		
8. List ALL managers (na	mes and addresses	s) of the Limited	Liability Company, IF APPLICA	ABLE - 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		
		<u> </u>		Check the box to	indicate an attachment		
9. The Resident Agent info	ormation currently	of record with th	e RI Department of State is acc	curate. Changes requi	re filing Form 642.		
Under penalty of perjury statements, and that all	y, I declare and aft statements conta	firm that I have ined herein are	examined this report, includ true and correct.	ing any accompanyir	ng schedules and		
Name of Authorized Person			Date	Date			
NICHOLAS CICCHITELLI			10/2/20	10/2/2020			
Signature of Authorized P	Person	C					
	/ 4		<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