



State of Rhode Island  
**Department of State - Business Services Division**

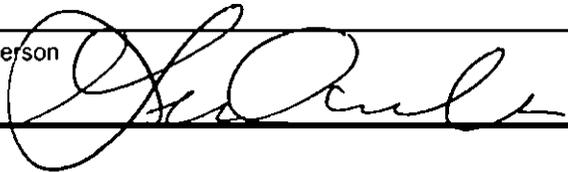
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**Annual Report for the year:** 2020  
**Limited Liability Company**

- 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 103984		2. Exact name of the Limited Liability Company INDEPENDENT MANAGEMENT, LLC			
3. NAICS Code 531190		4. Brief description of the character of business conducted in Rhode Island real estate			
5. State of Formation RI					
6. Principal Office Address 1 Realty Way		City East Providence		State RI	Zip 02914
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Gene M. Carlino			Contact Title Resident Agent/Attorney		
Street Address 1301 Atwood Avenue, Suite 215N		City Johnston		State RI	Zip 02919
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - 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
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.					
<b>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.</b>					
Name of Authorized Person Gene M. Carlino				Date 10/2/20	
Signature of Authorized Person 					

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
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 Website: www.sos.ri.gov