RI SOS Filing Number: 202066340830 Date: 10/15/2020 4:00:00 PM



## **Department of State - Business Services Division**

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.

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4. E-49. (D.M.)	In F		1-E106.			
1. Entity ID Number	2. Exact name of the Limited Liability Company					
103983	ATLANTIC INLAND, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
531190	real estate development					
5. State of Formation	1					
RI						
6. Principal Office Address	<u>.</u>	<del></del>	City	State	Zip	
1 Realty Way			East Providence	RI	02914	
7. Mailing Address of Limited Lia	ability Compar	ly and Name or Tit	tle of Contact Person	•	•	
Contact Name Gene M. Carlino			Contact Title Resident Agent/Attorney			
Street Address 1301 Atwood Avenue, Suite 215N			City Johnston	State RI	<sup>Zıp</sup> 02919	
8. List ALL managers (names a	nd addresses)	of the Limited Lia	bility Company, IF APPLICA	BLE - DO NOT LIST	MEMBERS	
Manager Name Gene M. Carlino			Manager Name			
Street Address 1301 Atwood Avenue, Suite 215N			Street Address			
City Johnston	State RI	Z <sub>1</sub> p 02919	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zip	
	l			Check the box to	indicate an attachment	
9. The Resident Agent information	on currently of	record with the R	I Department of State is accu	urate. Changes requir	e filing Form 642.	
Under penalty of perjury, I dec statements, and that all stater				ng any accompanyin	g schedules and	
Name of Authorized Person			Date /	. / - >		
Gene M. Carlino	~ 1			Date 10 / 2	2/20	
Signature of Authorized Person			li			
\		+	<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