

Annual Report for the year: 2020 Limited Liability Company

OCT 1 5 2020

FILEDSTAMP

→ 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 103983	Exact name of the Limited Liability Company     ATLANTIC INLAND, LLC				
3. NAICS Code 531190	Brief description of the character of business conducted in Rhode Island real estate development				
5. State of Formation RI					
Principal Office Address     Realty Way			City East Providence	State RI	Zip 02914
7. Mailing Address of Limited Lia	bility Compan	y 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>IP</sub> 02919	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zıp	City	State	Zip
	1		<u> </u>	Check the box to i	indicate an attachment
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 dec statements, and that all staten				ng any accompanyin	g schedules and
Name of Authorized Person					
Name of Authorized Person Gene M. Carlino Date 10 /2 / 20					
Signature of Authorized Person		- Cr	li		

MAIL TO:

**Division of Business Services** 

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

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