RI SOS Filing Number: 202066345880 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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1. Entity ID Number	2. Exact nar	2. Exact name of the Limited Liability Company				
1616172	44. LLC	44. LLC				
3. NAICS Code 531190	l l	Brief description of the character of business conducted in Rhode Island real estate development				
5. State of Formation RI						
6. Principal Office Address			City	State	Zip	
1 Realty Way			East Providence	RI	02914	
7. Mailing Address of Limite	ed Liability Compar	ny and Name or Ti	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	^{Zip} 02919	
8. List ALL managers (nam	nes and 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	^{Zip} 02919	City	State	Zip	
Manager Name	<u> </u>		Manager Name	· ·		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
				Check the box to	indicate an attachment	
9. The Resident Agent info	rmation currently of	record with the R	I Department of State is accu	urate. Changes requir	re filing Form 642.	
Under penalty of perjury, statements, and that all s			amined this report, includir se and correct.	ng any accompanyir	ng schedules and	
Name of Authorized Person				Date	1	
Gene M. Carlino		1		10/2	120	
Signature of Authorized Pe	fson		0	<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