RI SOS Filing Number: 202066192790 Date: 10/19/2020 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

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2020 OCT 19 A IC 45

Annual Report for the year: 2000

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

Entity ID Number 2. Exact name of the Limited Liability Company					
000 549 480	Mc Mc		terprises, LU		
NAICS Code 4. Brief description of the character of business conducted in Rhode Island					
62110					
	eal Est	ate.			
DIT					
Khade I Sland City State Zip					
O. I Micipal Office Addition			City Cianchia	DT	
63 Dellwood Rd.			Cianston	N	02920
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Michael J. Valelli			Contact Title Owner		
Street Address 103 Delluwal Rd.			city Cranston	State	Zip 02920
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Michael (T\ helli			Manager Name		
Street Address 63 Dell wood Rd.			Street Address		
city Cianston	State	Zip 02920	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
				State	Zip
City	State	Zip	City	State	
Check the box to 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 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.					
Name of Authorized Person	\	lalelli		Date 16/14	f/2020
Signature of Authorized Person All Wall all Military all					

MAIL TO:

Division of Business Services

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

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

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