



State of Rhode Island

Department of State - Business Services Division

FILED

OCT 26 2020

BY

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 000092867		2. Exact name of the Limited Liability Company Premisy LLC			
3. NAICS Code 531390		4. Brief description of the character of business conducted in Rhode Island Real Estate			
5. State of Formation RI					
6. Principal Office Address 8 Premisy Hill			City North Smithfield	State RI	Zip 02896
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Madeleine M Ferrucci			Contact Title		
Street Address 8 Premisy Hill			City North Smithfield	State RI	Zip 02896
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.					
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 Madeleine M. Ferrucci				Date 10/20/20	
Signature of Authorized Person Madeleine M Ferrucci					

MAIL TO:

Division of Business Services

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