



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

FILED

Annual Report for the year: 2020

Limited Liability Company

OCT 26 2020

BY

317 DS

- 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<br><b>001701481</b>  |       | 2. Exact name of the Limited Liability Company<br><b>Fen-Wave LLC</b>   |      |                           |                     |
| 3. NAICS Code<br><b>5311311</b>  |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>real estate holding company</b> |      |                           |                     |
| 5. State of Formation<br><b>Rhode Island</b>   |       |   |      |                           |                     |
| 6. Principal Office Address<br><b>35 Beach Drive</b>   |       | City<br><b>Darien</b>   |      | State<br><b>CT</b>        | Zip<br><b>06820</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |       |   |      |                           |                     |
| Contact Name <b>William A. Nardone</b>   |       | Contact Title <b>Agent</b>  |      |                           |                     |
| Street Address <b>42 Granite Street</b>  |       | City <b>Westerly</b>  |      | State <b>RI</b>           | Zip <b>02891</b>    |
| 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. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 842.  |       |   |      |                           |                     |
| 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 <b>Carol S. Piccaro</b>  |       |   |      | Date<br><b>10/19/2020</b> |                     |
| Signature of Authorized Person   |       |   |      | SIGN DOCUMENT HERE        |                     |

MAIL TO:

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov