

Annual Report for the year:  $\frac{2020}{}$ **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 000102855	2. Exact name of the Limited Liability Company Mulberry Associates, LLC					
3. NAICS Code 531190		· ·	acter of business conducted ny and all lawful activities as			
5. State of Formation RI						
6. Principal Office Address 132B Pleasant View Avenue			City Smithfield	State RI	Zip 02917	
7. Mailing Address of Limited	Liability Compan	y and Name or Ti	tle of Contact Person			
Contact Name Jean Fallago		·	Contact Title Attorney			
Street Address 132B Pleasant V	View Ave		City Smithfield	State RI	<sup>Zip</sup> 02917	
8. List ALL managers (name:	and addresses)	of the Limited Lia	bility Company, IF APPLICA	BLE - DO NOT LIST	MEMBERS	
Manager Name Angelo Calcagni			Manager Name			
Street Address 132B Pleasant View Avenue			Street Address			
City Smithfield	State RI	Zip 02917	City	State	Zip	
Manager Name	<u></u>		Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
			<u> </u>	Check the box to	indicate an attachment	
9. The Resident Agent inform	ation currently of	record with the R	I Department of State is acc	urate. Changes requir	e filing Form 642.	
Under penalty of perjury, I o statements, and that all sta				ng any accompanyin	ng schedules and	
Name of Authorized Person					Date	
Angelo Calcagni					10-5-2020	
Signature of Authorized Person	on			1		

## MAIL TO:

**Division of Business Services** 

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

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