



State of Rhode Island and Providence Plantations

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.

FILED

OCT 26 2020

BY

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|  |       |   |   |
|--|-------|---|---|
| 1. Entity ID Number<br><b>147188</b>   |       | 2. Exact name of the Limited Liability Company<br><b>NEAR STEERE LLC</b>  |   |
| 3. NAICS Code<br><b>531311</b>   |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>REAL ESTATE PROPERTY MANAGEMENT</b> |   |
| 5. State of Formation<br><b>RI</b>   |       |   |   |
| 6. Principal Office Address<br><b>29 ARMENTO STREET</b>  |       | City<br><b>JOHNSTON</b>   | State<br><b>RI</b><br>Zip<br><b>02919</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |       |   |   |
| Contact Name<br><b>RICHARD LAFAZIA</b>   |       | Contact Title<br><b>PRESIDENT</b>   |   |
| Street Address<br><b>29 ARMENTO STREET</b>   |       | City<br><b>JOHNSTON</b>   | State<br><b>RI</b><br>Zip<br><b>02919</b> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS   |       |   |   |
| Manager Name<br><i>Same as above</i>   |       | 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 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<br><b>RICHARD LAFAZIA</b>  |       |   | Date<br><b>10/16/20</b>                   |
| Signature of Authorized Person<br><i>Richard Lafazia</i>   |       |   | SIGN DOCUMENT HERE                        |

## MAIL TO:

Division of Business Services

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