



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

MAIL TO:

Division of Business Services
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Website: www.sos.ri.gov