| Annual Report for the year: | | | FILED | | | |
|--|---------------------------|---------------------------------------|-----------------------|-------------------|-------------------|--------------------------|
| imited Liability C | ompany | | | | | - |
| → Filing period: Sep | | er 1 | | | OCT 2 6 | 3 2020 |
| → Filing Fee: \$50.00 → Penalty: Additional | | not filed by Door | omboe 1 | D | | 1 |
| 7 Chaity. Additional | 1 925.00 fee ii loiiii is | That lifed by Dece | ember i. | B | Y | ALM O |
| Entity ID Number 2. Exact name of the Limited | | | iability Company | - | | $\overline{\mathcal{A}}$ |
| 32982 | cket Avenue, LLC | | | | | |
| 3. NAICS Code 4. Brief description of the cha | | | actor of business | conducted in Ph | odo Island | |
| 3. NAICS Code 4. Brief description of the characteristics and the characteristics are state investment. | | | acter of business | Conducted in Kil | ode Island | |
| 01.1.15 | | | | | | |
| <u>. State of Formation</u> RI | | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | · · · | | <u></u> |
| S Principal Office Address 15 Nayatt Road | | - | City | | State | Zip |
| | | | Barrington | | RI | 02806 |
| Mailing Address of Lin | | y and Name or Tit | le of Contact Pers | son | | • |
| Contact Name Joseph S. Ruggiero, Sr. | | | Contact Title Manager | | | |
| Street Address 115 Nayatt Road | | | City Barrington | | State RI | Zip 02806 |
| List ALL managers (n | | of the Limited Lia | | | DO NOT LIST | MEMBERS |
| Manager Name Joseph S. Ruggiero, Sr. | | | Manager Name Nonc | | | |
| treet Address 115 Nayatt Road | | | Street Address | | | |
| Barrington | State | Zip 02806 | City | | State | Zip |
| Manager Name None | | | Manager Name | Manager Name None | | |
| treet A dress | | | Street Address | | | |
| ıty | State | Zıp | City | | State | Zip |
| | | | | Ch | eck the box to | indicate an attachment |
| The Resident Agent in | nformation currently of | record with the RI | I Department of S | • • | | |
| nder penalty of perjuitatements, and that a | ry, I declare and affir | m that I have exa | mined this repo | | | |
| ame of Authorized Per | | - Terein are tru | e and correct. | | Date | 11/0 |
| oseph S. Ruggiero, Sr. | / | 1 | | |]່ຶ້ <i>(⊍/ /</i> | (6/ Le |
| ignature of Authorized | Person | | | | <u> </u> | • |
| J. A. D. D. M. GITOLIZEG | |) - | | | • | |
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Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 632 - Revised: 08/2020