



State of Rhode Island

## 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

|  |       |   |                             |
|--|-------|---|-----------------------------|
| 1. Entity ID Number<br>1665576   |       | 2. Exact name of the Limited Liability Company<br>259 County Road, LLC                                |                             |
| 3. NAICS Code<br>531120  |       | 4. Brief description of the character of business conducted in Rhode Island<br>Real estate investment |                             |
| 5. State of Formation<br>RI  |       |   |                             |
| 6. Principal Office Address<br>115 Nayatt Road   |       | City<br>Barrington  | State<br>RI<br>Zip<br>02806 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |       |   |                             |
| Contact Name<br>Joseph S. Ruggiero, Sr.  |       | Contact Title<br>Member   |                             |
| Street Address<br>115 Nayatt Road  |       | City<br>Barrington  | State<br>RI<br>Zip<br>02806 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS   |       |   |                             |
| Manager Name<br>None   |       | Manager Name<br>None  |                             |
| Street Address   |       | Street Address  |                             |
| City   | State | City  | State                       |
| Zip  |       | Zip   |                             |
| Manager Name<br>None   |       | Manager Name<br>None  |                             |
| Street Address   |       | Street Address  |                             |
| City   | State | City  | State                       |
| Zip  |       | Zip   |                             |
| Check the box to indicate an attachment <input type="checkbox"/>   |       |   |                             |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. 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>Joseph S. Ruggiero, Sr.   |       | Date<br>10/16/20  |                             |
| Signature of Authorized Person<br>   |       |   |                             |

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov