



FILED

OCT 2 6 2020



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.

| 1. Entity ID Number | 2. Exact name of the Limited Liability Company | | | | |
|--|---|------------------|---------------------------------|--------------------|-----------------------|
| 690441 | 750 Realty Associates, LLC | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | |
| 531120 | LEASING AND RENTING OF REAL PROPERTY AND ANY OTHER ACTS OR THINGS RELATIVE THERETO PERMISSIBLE BY LAW | | | | |
| 5. State of Formation | | | | | |
| RHODE ISLAND | | | | | |
| 6. Principal Office Address | | | City | State | Zip |
| 383 SMITHFIELD AVENUE | | | PAWTUCKET | RI | 02860 |
| 7. Mailing Address of Limited Lia | | and Name or Titl | | | |
| Contact Name GUIDO J. PETROSINELLI | | | Contact Title MANAGER OF MEMBER | | |
| Street Address 383 SMITHFIELD AVENUE | | | City PAWTUCKET | State RI | ^{Zip} 02860 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City DATE COLOR | 1 | <u>'</u> | - | State | Zip |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| | 1 | <u>i</u> | <u> </u> | Check the box to i | ndicate an attachment |
| 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 Date Date | | | | | |
| GUIDO J. PETROSINELLI | | | | | |
| Signature of Authorized Person | | | | | |
| | | | | | |

MAIL TO:

Division of Business Services

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

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