RI SOS Filing Number: 202069979000 Date: 10/26/2020 4:00:00 PM

State of Rhode Island Department of		siness Serv	rices Division			
Annual Report for the year: 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 2 6 2020 BY		
						1. Entity ID Number 132082
3. NAICS Code 531120	Brief description of the character of business conducted in Rhode Island 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 383 SMITHFIELD AVENUE			City PAWTUCKET	State RI	Zip 02860	
7. Mailing Address of Limited	Liability Compa	ny and Name o	r Title of Contact Person		<u> </u>	
Contact Name GUIDO J. PETROSINELLI			Contact Title TRUSTEE OF MEMBER			
Street Address 383 SMITHFIELD AVENUE			City PAWTUCKET	State RI	^{Zip} 02860	
8. List ALL managers (names	and addresse	s) of the Limited	Liability Company, IF APPLICAB	LE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
		<u> </u>		Check the box to	indicate an attachment	
9. The Resident Agent inform	ation currently	of record with th	e Ri Department of State is accur	ate. Changes requi	re filing Form 642.	
Under penalty of perjury, I o statements, and that all state			examined this report, including	any accompanyir	ng schedules and	
Name of Authorized Person		1		Date		

MAIL TO:

Division of Business Services

Name of Authorized Person GUIDO J. PETROSINELLI

Signature of Authorized Person

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

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