



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2020
Limited Liability Company

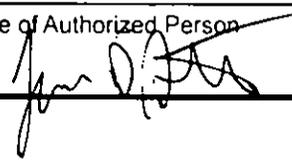
FILED STAMP

OCT 30 2020

FOR SECRETARY OF STATE USE ONLY

BY 120 DS

- 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 1682028 | | 2 Exact name of the Limited Liability Company D'Antonio Holding Company LLC | | | |
| 3 NAICS Code 531110 | | 4. Brief description of the character of business conducted in Rhode Island to operate & manage a real estate business, including the purchasing, selling, leasing, mortgaging, marketing, improving, maintaining & managing real estate | | | |
| 5. State of Formation Rhode Island | | | | | |
| 6. Principal Office Address 305 Farnum Pike | | City Smithfield | State RI | Zip 02917 | |
| 7 Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name Jennifer D'Antonio | | | Contact Title Member | | |
| Street Address 305 Farnum Pike | | City Smithfield | State RI | Zip 02917 | |
| 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 | State | Zip | City | State | Zip |
| Manager Name | | Manager Name | | | |
| Street Address | | Street Address | | | |
| City | State | Zip | City | State | Zip |
| 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 Jennifer D'Antonio | | | | Date 8-31-20 | |
| Signature of Authorized Person  | | SIGN DOCUMENT HERE | | | |

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov