



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

**FILED**

OCT 30 2020

**STAMP**

FOR  
SECRETARY OF STATE  
USE ONLY

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<br><b>937040</b>  |                    | 2. Exact name of the Limited Liability Company<br><b>D&amp;S COTTA LLC</b>   |                           |                         |                     |
| 3. NAICS Code<br><b>53110</b>   |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>Acquiring, developing, leasing, dealing in and holding property for investment</b> |                           |                         |                     |
| 5. State of Formation<br><b>Rhode Island</b>  |                    |  |                           |                         |                     |
| 6. Principal Office Address<br><b>895 Middle Road</b>   |                    | City<br><b>Portsmouth</b>  |                           | State<br><b>RI</b>      | Zip<br><b>02871</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |                    |  |                           |                         |                     |
| Contact Name<br><b>Sandra A. Cotta</b>  |                    | Contact Title<br><b>Manager</b>  |                           |                         |                     |
| Street Address<br><b>895 Middle Road</b>  |                    | City<br><b>Portsmouth</b>  |                           | State<br><b>RI</b>      | Zip<br><b>02871</b> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |                    |  |                           |                         |                     |
| Manager Name<br><b>Sandra A. Cotta</b>  |                    | Manager Name<br><b>David M. Cotta</b>  |                           |                         |                     |
| Street Address<br><b>895 Middle Road</b>  |                    | Street Address<br><b>895 Middle Road</b>   |                           |                         |                     |
| City<br><b>Portsmouth</b>   | State<br><b>RI</b> | Zip<br><b>02871</b>  | City<br><b>Portsmouth</b> | State<br><b>RI</b>      | Zip<br><b>02871</b> |
| 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  |                    |  |                           |                         |                     |
| <b>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.</b> |                    |  |                           |                         |                     |
| Name of Authorized Person<br><b>Sandra A. Cotta</b>   |                    |  |                           | Date<br><b>10/22/20</b> |                     |
| Signature of Authorized Person<br><i>Sandra A. Cotta</i>  |                    |  |                           | 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](http://www.sos.ri.gov)