RI SOS Filing Number: 202072266780 Date: 11/2/2020 4:00:00 PM

State of Rhode Island						
Department of S	State - Bus	iness Services	s Division			
Annual Report for the year: 2020				FILED		
						Limited Liability Compa
→ Filing period: September 1 - November 1 → Filing Fee: \$50.00				Ulol		
→ Penalty: Additional \$25.0	0 fee if form is	s not filed by Decen	nber 1.	BY		
1. Entity ID Number	2 Evact na	mo of the Limited Lie	shility Company		$\overline{}$	
001695744	2. Exact name of the Limited Liability Company  DEB PETRARCA, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
812990	MANUFACTURERS REPRESENTATIVE					
5. State of Formation			•			
RI						
6. Principal Office Address			City	State	Zip	
45 CREST VIEW ROAD			WEST GREENWICH	RI	02817	
7. Mailing Address of Limited Li		ny and Name or Title			<b>1</b>	
Contact Name DEB PETRARCA			Contact Title OWNER			
Street Address 45 CREST VIEW			City WEST GREENWICH	State RI	Zip 02817	
8, List ALL managers (names a	and addresses	) of the Limited Liabi	lity Company, IF APPLICABLE -	DO NOT LIST ME	MBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zıp	
			Ch	eck the box to ind	icate an attachment	
9. The Resident Agent informati	ion currently o	f record with the RI [	Department of State is accurate.	Changes require f	iling Form 642.	
Under penalty of perjury, I de statements, and that all states	ciare and affil ments contail	rm that I have exam ned herein are true	nined this report, including any and correct.	accompanying	schedules and	
Name of Authorized Person				Date		

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

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

**DEB PETRARCA** 

Signature of Authorized Person

10-29-2020