

## **Department of State - Business Services Division**

NOV 0 4 2020 82

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.

Entity ID Number     2. Exact name of the Limited Liability Company					
1	2. Exact name of the Limited Liability Company				
00012/4/5	4. Brief description of the character of business conducted in Rhode Island				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
53/110	Re	al E	state Inv	estme	~75
5. State of Formation					
RI					
6. Principal Office Address			City	State	Zip
216 Guay (Raig Road			Middletown	RT	02842
7. Mailing Address of Limited Liab(lity Company and Name or Title of Contact Person					
Contact Name; F. Nicoletta Street Address			Contact Title		
Street Address 216 Ghas Craig Road			chy Middle 10wn	State	202842
8. List ALL managers (names ar	nd addresses) of	the Limited Light	Tity Company IE APPLICABLE D	L CL	EMPERE
8. List ALL managers (pames and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  Manager Name					
none			none		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name	<del>.</del>	<del>-1-</del>	Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
	<u> </u>	· I	Che	ck the box to inc	dicate 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					
Andrew 7		10/27/20			
Signature of Authorized Person					
		$\Lambda \setminus I /$			
MAIL TO:					

**Division of Business Services** 

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

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