



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Molis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2020

Filing Period: September 1 - November 1 • Filing Fee: \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b)(1)) is subject to a penalty fee of \$25.00.

1. ID No. 000155322		2. Exact name of the limited liability company SPERANZA REAL ESTATE, LLC	
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE <b>501110</b>	
5. Principal office address 24 PIERCE STREET		City WESTERLY	State RI
		Zip 02891	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name ANGELO SPERANZA		Contact Title PRESIDENT	
Street Address 24 PIERCE STREET		City WESTERLY	State RI
		Zip 02891	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name		Manager Name	
Street Address		Street Address	
City		City	State
		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11			

FILED

NOV 04 2020

BY

**1233**  
**DS**

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

000155322

File Date	_____
Check No.	_____
By:	_____
FOR SECRETARY OF STATE USE ONLY	

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.

Signature of Authorized Person **11-1-2020**  
Date

ANGELO SPERANZA

Print or Type Name of Authorized Person