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FOR SHORETERM OF STATE USF 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 566158		2. Exact name of the Limited Liability Company 920 HARTFORD AVENUE, LLC				
3. NAICS Code						
531390		4. Brief description of the character of business conducted in Rhode Island				
	TO BUY, :	TO BUY, SELL AND INVEST IN REAL ESTATE				
5. State of Formation RI	ļ					
KI						
6. Principal Office Address			City	State	Zip	
920 HARTFORD AVENUE			JOHNSTON	RI	02919	
7. Mailing Address of Limit		any and Name o		<u> </u>	<u> </u>	
Contact Name FELICE N. MAGLIARI			Contact Title MEMBER			
Street Address 920 HARTFORD AVENUE			City JOHNSTON	State RI	^{Zip} 02919	
8. List ALL managers (nan	mes and addresse	s) of the Limited	Liability Company, IF APPLICAE	BLE - DO NOT LIST	MEMBERS	
Manager Name NONE			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zıp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zıp	
		<u>.</u>		Check the box to i	ndicate an attachment	
9. Resident Agent in Rhode	e Island. This inforr	nation is currently	of record with the Department of Sta			
Under penalty of perjury, statements, and that all s	I declare and aff statements conta	firm that I have ined herein are	examined this report, including true and correct.	g any accompanyin	g schedules and	
Name of Authorized Person				Date /		
FELICE N. MAGLIARI				10/20/20		
Signature of Authorized Pe	erson	I. SIG	M JOCUMENT MERE			
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MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov NOV 0 5 2020 BY Ch Cht 10 59

12:00