



State of Rhode Island

## Department of State - Business Services Division

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.

FILED

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|   |       |   |      |                      |              |
|---|-------|---|------|----------------------|--------------|
| 1. Entity ID Number<br>509663   |       | 2. Exact name of the Limited Liability Company<br>STAR PROPERTIES, LLC  |      |                      |              |
| 3. NAICS Code<br>531110   |       | 4. Brief description of the character of business conducted in Rhode Island<br>Acquisition, management and leasing of real estate |      |                      |              |
| 5. State of Formation<br>Rhode Island   |       |   |      |                      |              |
| 6. Principal Office Address<br>19 Farnum Pike   |       | City<br>Smithfield  |      | State<br>RI          | Zip<br>02917 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |   |      |                      |              |
| Contact Name<br>Joseph Mazzone  |       | Contact Title<br>Member   |      |                      |              |
| Street Address<br>19 Farnum Pike  |       | City<br>Smithfield  |      | State<br>RI          | Zip<br>02917 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS  |       |   |      |                      |              |
| Manager Name  |       | Manager Name  |      |                      |              |
| Street Address  |       | Street Address  |      |                      |              |
| City  | State | Zip   | City | State                | Zip          |
| 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 The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.  |       |   |      |                      |              |
| <i>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.</i> |       |   |      |                      |              |
| Name of Authorized Person<br>Joseph Mazzone   |       |   |      | Date<br>10-15-2020 ✓ |              |
| Signature of Authorized Person<br>  |       |   |      | ✓                    |              |

## MAIL TO:

Division of Business Services

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