



State of Rhode Island

## Department of State - Business Services Division

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FOR  
SECRETARY OF STATE  
USE 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<br>128823                                                                                                                                                                        |       | 2. Exact name of the Limited Liability Company<br>295 Highland Avenue Realty, LLC                                                                                                                      |                    |                   |              |
| 3. NAICS Code<br>531190                                                                                                                                                                              |       | 4. Brief description of the character of business conducted in Rhode Island<br>Acquiring, developing, owning, leasing, mortgaging, managing, operating, selling and otherwise disposing of real estate |                    |                   |              |
| 5. State of Formation<br>RHODE ISLAND                                                                                                                                                                |       |                                                                                                                                                                                                        |                    |                   |              |
| 6. Principal Office Address<br>296 George Washington Highway                                                                                                                                         |       |                                                                                                                                                                                                        | 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 Richard J. Conti                                                                                                                                                                        |       |                                                                                                                                                                                                        | Contact Title      |                   |              |
| Street Address 296 George Washington Highway                                                                                                                                                         |       |                                                                                                                                                                                                        | City Smithfield    | State RI          | Zip 02917    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                     |       |                                                                                                                                                                                                        |                    |                   |              |
| Manager Name None                                                                                                                                                                                    |       |                                                                                                                                                                                                        | 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                                                                   |       |                                                                                                                                                                                                        |                    |                   |              |
| 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<br>Richard J. Conti                                                                                                                                                        |       |                                                                                                                                                                                                        |                    | Date<br>11-4-2020 |              |
| Signature of Authorized Person<br>                                                                                                                                                                   |       |                                                                                                                                                                                                        |                    |                   |              |

FILED

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## MAIL TO:

Division of Business Services

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