

RECEIVED R.I. DEPT. OF STATE BUE SYCS DIV

2020 NOV 12 A 11: 20

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Annual Report for the year: $\frac{2020}{}$ **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 000846736	2. Exact name of the Limited Liability Company LANDED PARTNERS, LLC						
<u> </u>							
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island Holding real estate						
531110	Trioiding re.	ai toldit					
5. State of Formation	1						
Rhode Island							
6. Principal Office Address	6. Principal Office Address			State	Zip		
194 Waterman Street, Suite 1B			Providence	RI	02906		
7. Mailing Address of Limited L	iability Compa	iny and Name o	r Title of Contact Person				
Contact Name Francesco Scotti			Contact Title				
Street Address 194 Waterman S	treet, Suite 1B	\ 	City Providence	State RI	^{Zip} 02906		
8. List ALL managers (names	and addresses	s) of the Limited	Liability Company, IF APPLICA	BLE - DO NOT LIST	MEMBERS		
Manager Name			Manager Name				
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
Manager Name	1		Manager Name				
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
		<u></u>		Check the box to	indicate an attachment		
9. The Resident Agent informa	tion currently	of record with th	e RI Department of State is acci				
	eclare and aff	firm that I have	examined this report, includir				
Name of Authorized Person	Date	Date					
Francesco Scotti					_		
Signature of Authorized Person							
- How c	<u>~ ~</u>	$_{c} \leq c$	ella.				

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED**

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