RI SOS Filing Number: 202075246040 Date: 11/16/2020 4:00:00 PM P.E.C.F.IVED RECEIVED

Department of State - Business Services Division

R.I. DEPT. OF STATE BUS SVCS DIV

2020 NOV 12 P 12: 36"

Annual Report for the year: $\frac{2020}{}$ **Limited Liability Company**

State of Rhode Island

. 2020 NOV 16 A 9: 30

→ 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 175391	2. Exact nam Azores, LLC	2. Exact name of the Limited Liability Company				
3. NAICS Code		Brief description of the character of business conducted in Rhode Island				
531311		Management of real estate				
5. State of Formation RHODE ISLAND						
6. Principal Office Address	_		City	State	Zip	
95 Pamela Drive			Swansea	MA	02777	
7. Mailing Address of Limited L		y and Name or Ti				
Contact Name Manuel T. Maduro			Contact Title Owner			
Street Address 95 Pamela Drive			City Swansea	State MA	Zip 02777	
8. List ALL managers (names	and addresses)	of the Limited Liz	ability Company, IF APPLICA	ABLE - DO NOT LIST M	MEMBERS	
Manager Name Manuel T. Maduro			Manager Name			
Street Address 95 Pamela Drive			Street Address	Street Address		
City Swansea	State MA	^{Zip} 02777	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
				Check the box to in	dicate an attachment	
9. The Resident Agent informat	tion currently of r	ecord with the RI	Department of State is acc	curate. Changes require	filing Form 642.	
Under penalty of perjury, I de statements, and that all state	eclare and affirm	n that I have exa	mined this report, including	ng any accompanying	schedules and	
Name of Authorized Person				Date		
Manuel T. Maduro					11-4-20	
Signature of Authorized Person Mammel J. /	Maduri	9				

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

NOV 16 2020