

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

2020 NOV 12 P 12: 36"

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

· 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.

Entity ID Number	2. Exact narr	2. Exact name of the Limited Liability Company				
175391	Azores, LLC					
3. NAICS Code	4. Brief desc	ription of the cha	racter of business conducte	ed in Rhode Island		
531311	Management	Management of real estate				
5. State of Formation	7					
RHODE ISLAND						
6. Principal Office Address	<del></del>		City	State	Zip	
95 Pamela Drive	<u></u> _		Swansea	MA	02777	
7. Mailing Address of Limited Li		y and Name or Ti				
Contact Name Manuel T. Maduro			Contact Title Owner	Contact Title Owner		
Street Address 95 Pamela Drive			City Swansea	State MA	Zip 02777	
8. List ALL managers (names a	and addresses)	of the Limited Lia	ability Company, IF APPLICA	ABLE - DO NOT LIST W	MEMBERS	
Manager Name Manuel T. Maduro			Manager Name	Manager Name		
Street Address 95 Pamela Drive			Street Address	Street Address		
City Swansea	State MA	<sup>Zip</sup> 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 information	on currently of r	ecord with the RI	Department of State is acc	curate. Changes require	filing Form 642	
Under penalty of perjury, I dec statements, and that all staten	clare and affirm	n that I have exam	mined this report including	ng any accompanying	schedules and	
Name of Authorized Person				Date		
Manuel T. Maduro				•	11-4-20	
Signature of Authorized Person  Manual J. 7	,,	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