State of Rhode Island and Providence Plantations  Department of State - Business Services Divis					
Annual Report for the year:	2020				

**Limited Liability Company** 

→ Filing period: September 1 - Provember 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if Form is not filed by December 1.

**FILED** 

NOV 1 6 2020

				BYQ	WAZ C		
1. Entity ID Number 1699720	I	2. Exact name of the Limited Liability Company SCFT Associates, LLC			12		
3. NAICS Code	4. Brief de	Brief description of the character of business conducted in Rhode Island					
531390	real estate	real estate					
5. State of Formation							
Rhode Island							
6. Principal Office Address	City			State	Zip		
316 Succotash Road			Wakefield	RI	02879		
7. Mailing Address of Limite		any and Name o		l.e	<del> </del>		
Contact Name Thomas Falcone		Contact Title Member	Contact Title Member				
Street Address 316 Succotash Road		City Wakefield	State RI	Zip 02879			
8. List ALL managers (nam	nes and addresse	s) of the Limited	Liability Company, IF APPLICA	BLE - DO NOT LIST I	MEMBERS		
Manager Name		Manager Name	Manager Name				
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zıp	City	State	Zip		
		<u>_</u>	<u> </u>	Check the box to i	ndicate an attachment		
9. Resident Agent in Rhode	Island. This inform	nation is currently	of record with the Department of Sta	ate. Changes require filir	ng Form 642.		
Under penalty of perjury, statements, and that all st	l declare and aff tatements conta	irm that I have ined herein are	examined this report, includir true and correct.	ng any accompanyin	g schedules and		
Name of Authorized Person				Date	· <del>-</del>		
Thomas Falcone			.برا	מלוב לצסעם			
Signature of Authorized Per	rson nomastal	sig	N DOCUMENT HERE				

MAIL TO:

**Division of Business Services** 

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

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