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.

F	ED	STAMF
---	----	-------

NOV 1 6 2020



Entity ID Number	2. Exact nan	2. Exact name of the Limited Liability Company					
707582	Moisiades, I.	Moisiades, LLC					
3. NAICS Code	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island					
531390	Real Estate	Real Estate					
5. State of Formation	\neg						
RI							
6. Principal Office Address			City	State	Zip		
4375 Main Road			Tiverton	RI	02878		
7. Mailing Address of Limited		y and Name or Ti	tle of Contact Person				
Contact Name Michael W. Miller			Contact Title Registered Agent				
Street Address 122 Touro Street			City Newport	State RI	^{Zip} 02840		
8. List ALL managers (names	s and addresses)	of the Limited Lia	bility Company. IF APPLICA	ABLE - do not list n	MEMBERS		
Manager Name Konstantinos Moisados			Manager Name	Manager Name			
Street Address 14 Wedswood Dr			Street Address	Street Address			
city Middletown	State	Z10 02942	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
				Check the box to in	ndicate an attachment		
9. The Resident Agent inform		_					
Under penalty of perjury, I o statements, and that all sta	declare and affire tements contain	m that I have exa ed herein are tru	amined this report, includ ue and correct.	ing any accompanying	g schedules and		
Name of Authorized Person	Date	1					
Anthony Moisiades				10 1	2/9050		
Signature of Authorized Person	Nighte)					

MAIL TO:

Division of Business Services

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

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