



State of Rhode Island  
**Department of State - Business Services Division**

**FILED**  
 STAMP

NOV 17 2020

BY \_\_\_\_\_

*32959*  
*OS*

**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.

|   |       |  |                         |                  |              |
|---|-------|--|-------------------------|------------------|--------------|
| 1. Entity ID Number<br>124641   |       | 2. Exact name of the Limited Liability Company<br>Matese Realty, LLC                                   |                         |                  |              |
| 3. NAICS Code<br>531311   |       | 4. Brief description of the character of business conducted in Rhode Island<br>Real estate management. |                         |                  |              |
| 5. State of Formation<br>Rhode Island   |       |  |                         |                  |              |
| 6. Principal Office Address<br>135 Madison Avenue   |       |  | City<br>Cranston        | State<br>RI      | Zip<br>02920 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |  |                         |                  |              |
| Contact Name<br>Pasquale Lanni  |       |  | Contact Title<br>Member |                  |              |
| Street Address<br>135 Madison Avenue  |       |  | City<br>Cranston        | State<br>RI      | Zip<br>02920 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS  |       |  |                         |                  |              |
| Manager Name  |       |  | Manager Name            |                  |              |
| Street Address  |       |  | Street Address          |                  |              |
| City  | State | Zip  | City                    | State            | Zip          |
| Manager Name  |       |  | Manager Name            |                  |              |
| Street Address  |       |  | Street Address          |                  |              |
| City  | State | Zip  | City                    | State            | Zip          |
| Check the box to indicate an attachment: <input type="checkbox"/>   |       |  |                         |                  |              |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.   |       |  |                         |                  |              |
| <b>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</b> |       |  |                         |                  |              |
| Name of Authorized Person<br>Pasquale Lanni   |       |  |                         | Date<br>10-23-20 |              |
| Signature of Authorized Person<br>  |       |  |                         |                  |              |

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov