RI SOS Filing Number: 202076200410 Date: 11/17/2020 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

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.

| | STAMP | | |
|--------------|------------------------------|--|--|
| NOV 1 7 2020 | SECRETARY OF STATE USE STATE | | |

| 1. Entity ID Number | 2. Exact na | 2. Exact name of the Limited Liability Company | | | | | |
|---|----------------------------------|--|---|-----------------------|-----------------------|--|--|
| 744932 | 1 | Envisions Enterprises, LLC | | | | | |
| 3. NAICS Code 531390 | | Brief description of the character of business conducted in Rhode Island Acquisition and Rental of Real Estate | | | | | |
| 5 State of Formation Rhode Island | | | | | | | |
| 6. Principal Office Address | | | City | State | Zıp | | |
| 868 Reservoir Avenue | | | Cranston | RI | 02910 | | |
| 7. Mailing Address of Limited | Liability Compa | any and Name o | r Title of Contact Person | | | | |
| Contact Name John S. Corvese | | | Contact Title Member | Contact Title Member | | | |
| Street Address 868 Reservoir Avenue | | City Cranston | State RI | Z _{IP} 02910 | | | |
| 8. List ALL managers (name | s and addresse | s) of the Limited | Liability Company, IF APPLICA | BLE - DO NOT LIST | MEMBERS | | |
| Manager Name | | | Manager Name | Manager Name | | | |
| Street Address | | Street Address | Street Address | | | | |
| City | State | Zıp | City | State | Zip | | |
| Manager Name | | | Manager Name | Manager Name | | | |
| Street Address | | | Street Address | Street Address | | | |
| City | State | Zıp | City | State | Zıp | | |
| | | | | Check the box to i | ndicate an attachment | | |
| 9. The Resident Agent inform | nation corrently o | of record with the | e Ri Department of State is acc | urate. Changes requir | e filing Form 642 | | |
| Under penalty of perjury, I ostatements, and that all sta | declare and aff tements conta | irm that I have ined herein are | examined this report, includi- true and correct. | ng any accompanyin | g schedules and | | |
| Name of Authorized Person | | | Date | Date | | | |
| John S. Corvese | | | 10/30 | 120 | | | |
| Signature of Authorized Person | Jobble | rvue | | | | | |

MAIL TO:

Division of Business Services

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