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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

2020 NOV 19 A II: 50

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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.

Entity ID Number	2 Exact name of the Limited Liability Company				
132105	842 Elmwood Avenue, LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
531190	Real Estate Ownership				
5. State of Formation	1				
Rhode Island					
6 Principal Office Address			City	State	Zip
PO Box 69			West Warwick	RI	02893
7. Mailing Address of Limited Lia	ability Compan	y and Name or Ti			
Contact Name Peter Rosiello			Contact Title Member		
Street Address PO Box 69			City West Warwick	State RI	^{Zip} 02893
8. List ALL managers (names a	nd addresses)	of the Limited Lia	bility Company, IF APPLICABL	E - DO NOT LIST	MEMBERS
Manager Name Peter Rosiello			Manager Name		
Street Address PO Box 69			Street Address		
City West Warwick	State RI	^{Zip} 02893	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment					
9. Resident Agent in Rhode Islan				. Changes require filin	g Form 642.
Under penalty of perjury, I dec statements, and that all staten	lare and affirm nents contain	n that I have exa ed herein are tru	mined this report, including e and correct.	any accompanying	g schedules and
Name of Authorized Person					
Faul DeMarco Esq				11.18.20	
Signature of Phorized Person SIGN DOCUMENT HERE					

MAIL TO:

Division of Business Services

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

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

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