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State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2020 Limited Liability Company

R.I. DEPT. OF STATE BUS SVCS DIV 2020 NOV 19 AM 1: 05

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→ 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 1679108	2. Exact name of the Limited Liability Company 630 Main EO, LLC					
3. NAICS Code 531390 5. State of Formation Rhode Island	4. Brief description of the character of business conducted in Rhode Island Activities related to real estate and any and all lawful activities permitted in accordance with the Rhode Island Limited Liability Act.					
6. Principal Office Address			City	State	Zip	
1140 Reservoir Avenue			Cranston	RI	02920	
7. Mailing Address of Limited Lia	ability Compan	y and Name or Tit				
Contact Name James A. Procaccianti			Contact Title Manager			
Street Address 1140 Reservoir Avenue			City Cranston	State RI	Zip 02920	
8. List ALL managers (names a	nd addresses)	of the Limited Lia	bility Company, IF APPLICA	ABLE - DO NOT LIST I	MEMBERS	
Manager Name James A. Procaccianti			Manager Name			
Street Address 1140 Reservoir Avenue			Street Address			
City Cranston	State RI	<sup>Zip</sup> 02920	City	State	ΖΊρ	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
	1			Check the box to i	indicate an attachment	
9. The Resident Agent informati	on currently of	record with the R	I Department of State is ac	curate. Changes requir	e fillng Form 642.	
Under penalty of perjury, I des statements, and that all states				ing any accompanyin	g schedules and	
Name of Authorized Person				Date	Date	
James A. Procaccianti				November 11, 2020		
Signature of Authorized Person						

MAIL TO:

**Division of Business Services** 

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

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

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FORM 632 - Revised: 08/2020