RI SOS Filing Number: 202077612410 Date: 11/25/2020 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.

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BY S VOTE IVE	
S. S	

1. Entity ID Number	2. Exact name of the Limited Liability Company					
108015	Amy DeNuccio, LLC					
5. State of Formation	4. Brief description of the character of business conducted in Rhode Island					
6. Principal Office Address			City U	State	Zib	
297 Bryant Street			Cumberland	RI	02864	
7. Mailing Address of Limited Lia	bility Compar	ny and Name or Tit		·	 	
Contact Name Amy DeNuccio		Contact Title Owner				
Street Address 297 Bryant Street			City Cumberland	State RI	Zip 02864	
8. List ALL managers (names a	nd addresses	of the Limited Lial	bility Company, IF APPLICAB	BLE - DO NOT LIST N	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						
9. The Resident Agent informati	on currently of	record with the RI	Department of State is accur	rate. Changes require	filing Form 642.	
Under penalty of perjury, I dec statements, and that all stater				g any accompanying	g schedules and	
Name of Authorized Person			Date	Date		
Amy Cameron			11/1/202	11/1/2020		
Signature of Authorized Person Cloyy & Cov	neron					

MAIL TO:

Division of Business Services

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

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