



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2016
 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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 BUS SVCS DIV
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1. Entity ID Number 507116		2. Exact name of the Limited Liability Company LA FARFALLA LLC			
3. NAICS Code 531110		4. Brief description of the character of business conducted in Rhode Island RENTAL PROPERTY			
5. State of Formation RI					
6. Principal Office Address 143 E 29th St #2		City N.Y.		State NY	Zip 10016
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name ROBERTA FACINELLI			Contact Title PRESIDENT / sole member		
Street Address 143 E 29th St		City NY		State NY	Zip 10016
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name 1		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					
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.					
Name of Authorized Person Roberta Facinelli				Date 11/20/2020	
Signature of Authorized Person 					

FILED

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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