State of Rhode Island
Department of State - Business Services Division

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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.

1. Entity ID Number	2. Exact name of the Limited Liability Company		
507166	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 29st #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 29 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	Street Address	City	State	Zip
Manager Name	Street Address	City	State	Zip
Manager Name	Street Address	City	State	Zip

Check the box to indicate an attachment ☐

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	Date
Roberta Facinelli	11/20/2020
Signature of Authorized Person	

FILED
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MAIL TO:
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