RI SOS Filing Number: 202078995170 Date: 12/8/2020 10:47:00 AM



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **Limited Liability Company**

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

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→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

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1. Entity ID Number	2. Exact name of the Limited Liability Company						
501166	LA FARFALLA LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
531110	RENTAL PROPERTY						
5. State of Formation]						
RI							
6. Principal Office Address			City	State	Zip		
143 E 29St # 2			N.Y.	NY	10016		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name KOBERTA FACINELLY		Contact Title PREJIDENT/Sole member					
Street Address		City Nuy	State	Zip 1001b			
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Nami			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 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							
Koberta Facineth			11 30	12020			
Signature of Authorized Person							
Volut facill							

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

FORM 632 - Revised: 08/2020