RI SOS Filing Number: 202079450560 Date: 12/10/2020 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

RECEIVED R.I. DEPT. OF STATE BUS SYCS DIV

ŀ.

2020 DEC 10 PM 2: 22

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					
104944	INP, LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
531312	Real Estate.					
5. State of Formation	1					
Rhode Island						
6. Principal Office Address			City	State	Zip	
1140 Reservoir Avenue			Cranston	RI	02920	
7. Mailing Address of Limited Lia	bility Compan	y and Name or Tit	le of Contact Person			
Contact Name Elizabeth 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	MEMBERS	
Manager Name Elizabeth A. Procaccianti			Manager Name			
Street Address 1140 Reservoir Avenue			Street Address			
City Cranston	State RI	Zip 02920	City	State	ZIp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
	<u> </u>			Check the box to	indicate an attachment	
9. The Resident Agent information	on currently of	record with the R	Department of State is acc	curate. Changes requir	e filing Form 642.	
Under penalty of perjury, I dec statements, and that all states	lare and affir	m that I have exe	mined this report, include			
Name of Authorized Persog				Date	Date	
Elizabeth A. Docaccianti				11/24/2020		
Signature of Authorzed 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 -

DEC 1 0 2020

BY Ca AZDCY

2.22

FORM 632 - Revised: 08/2020