

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

2020 DEC 16 PM 3: 44

Annual Report for the year: 2019
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 | | | | | |
|---|---|-------------------|--------------------------------|------------------------|----------------------|--|
| 000111325 | PHILIP MANZO ENTERPRISES LTD | | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | | |
| 423940 | BUY AND SELL PRECIOUS METALS | | | | | |
| 5. State of Formation | 7 | | | | | |
| RI | | | | | | |
| 6. Principal Office Address | | | City | State | Zip | |
| 843 RESERVOIR AVE | | | CRANSTON | RI | 02910 | |
| 7. Mailing Address of Limited L | | any and Name o | | ···· | | |
| Contact Name ALEXANDRA MANZO | | | Contact Title PRESIDENT | | | |
| Street Address 320 HOWARD AVE | | | City HOPE | State RI | ^{Zip} 02831 | |
| 8. List ALL managers (names | and addresse | s) of the Limited | Liability Company, IF APPLIC | ABLE - DO NOT LIST | 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 information | tion currently | of record with th | e RI Department of State is ac | curate. Changes requir | e filing Form 642. | |
| Under penalty of perjury, I de statements, and that all state | | | | ing any accompanyin | g schedules and | |
| Name of Authorized Person | | | | Date | Date | |
| ALEXANDRA MANZO | | | | 12/2/20 | 12/2/2020 | |
| Signature of Authorized Persor | າ | | | | | |
| Alwandra Minzo | | | | | | |
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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 16 2020

FORM 632 - Revised: 08/2020