

Department of State - Business Services Division

R.I. DEPT. OF STATE BUS SVCS DIV

2020 DEC 16 PM 3: 44

Annual Report for the year:	2018
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 L.L.C.					
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 Li		any and Name o				
Contact Name ALEXANDRA MANZO		Contact Title PRESIDEN	Contact Title PRESIDENT			
Street Address 320 HOWARD AVE			City HOPE	State RI	Zip 02831	
8. List ALL managers (names a	ind addresse	s) of the Limited	Liability Company, IF APPLICA	ABLE - DO NOT LIST	MEMBERS	
Manager Name	anager Name Manager Name					
Street Address		Street Address	Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address		Street Address	Street Address			
City	State	Zip	City	State	Zip	
	<u> </u>			Check the box to	indicate an attachment	
9. The Resident Agent informati	on currently	of record with the	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 Person						
Musancha Muso						
)				

MAJL 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 6 2020

FORM 632 - Revised: 08/2020