



State of Rhode Island

## Department of State - Business Services Division

FILED

DEC 18 2020

BY

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 <b>788023</b>		2. Exact name of the Limited Liability Company <b>SALVATORE AND SONS LLC</b>			
3. NAICS Code <b>53110</b>		4. Brief description of the character of business conducted in Rhode Island <b>R.E. MGMT.</b>			
5. State of Formation <b>RI</b>					
6. Principal Office Address <b>122 NORTH RIVER DR.</b>			City <b>NARRAGANSETT</b>	State <b>RI</b>	Zip <b>02882</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>MARGUERITE SALVATORE</b>			Contact Title <b>MANAGER</b>		
Street Address <b>122 NORTH RIVER DR.</b>			City <b>NARRAGANSETT</b>	State <b>RI</b>	Zip <b>02882</b>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>MARGUERITE SALVATORE</b>			Manager Name <b>ANTONIO SALVATORE</b>		
Street Address <b>122 NORTH RIVER DR.</b>			Street Address <b>11</b>		
City <b>NARRAGANSETT</b>	State <b>RI</b>	Zip <b>02882</b>	City <b>07</b>	State	Zip <b>11</b>
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
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 <b>MARGUERITE SALVATORE</b>				Date <b>12-14-2020</b>	
Signature of Authorized Person <i>[Signature]</i>					

## MAIL TO:

Division of Business Services

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