



State of Rhode Island
Department of State - Business Services Division

FILED

DEC 18 2020

BY 1041
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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 788023		2. Exact name of the Limited Liability Company SALVATORE AND SONS LLC			
3. NAICS Code 53110		4. Brief description of the character of business conducted in Rhode Island R.E. MGMT.			
5. State of Formation RI					
6. Principal Office Address 122 NORTH RIVER DR.		City NARRAGANSETT	State RI	Zip 02882	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name MARGUERITE SALVATORE			Contact Title MANAGER		
Street Address 122 NORTH RIVER DR.		City NARRAGANSETT	State RI	Zip 02882	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name MARGUERITE SALVATORE		Manager Name ANTONIO SALVATORE			
Street Address 122 NORTH RIVER DR		Street Address ''			
City NARRAGANSETT	State RI	Zip 02882	City ''	State ''	Zip ''
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 MARGUERITE SALVATORE				Date 12-14-2020	
Signature of Authorized Person 					

MAIL TO:
 Division of Business Services
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