



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year:** 2020 Amended  
**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.

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 BUS SVCS DIV

2021 MAY 21 A 9 29

|   |       |   |                               |                        |     |
|---|-------|---|-------------------------------|------------------------|-----|
| 1. Entity ID Number<br><u>001679272</u>   |       | 2. Exact name of the Limited Liability Company<br><u>64 Tiogue Avenue LLC</u>                                       |                               |                        |     |
| 3. NAICS Code<br><u>531311</u>  |       | 4. Brief description of the character of business conducted in Rhode Island<br><u>Real estate property managers</u> |                               |                        |     |
| 5. State of Formation<br><u>RI</u>  |       |   |                               |                        |     |
| * 6. Principal Office Address<br><u>48 Acres of Pine Rd</u>   |       | City<br><u>Coventry</u>   | State<br><u>RI</u>            | Zip<br><u>02816</u>    |     |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |   |                               |                        |     |
| Contact Name<br><u>Harry Nicolopoulos</u>   |       |   | Contact Title<br><u>owner</u> |                        |     |
| Street Address<br><u>48 Acres of Pine Rd.</u>   |       | City<br><u>Coventry</u>   | State<br><u>RI</u>            | Zip<br><u>02816</u>    |     |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - 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 <input type="checkbox"/>  |       |   |                               |                        |     |
| 9 The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.  |       |   |                               |                        |     |
| <i>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.</i> |       |   |                               |                        |     |
| Name of Authorized Person<br><u>Harry Nicolopoulos</u>  |       |   |                               | Date<br><u>5/16/21</u> |     |
| Signature of Authorized Person<br>  |       |   |                               |                        |     |

**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**  
 MAY 21 2021 9:29  
 BY



State of Rhode Island  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,  
hereby certify that this document, duly executed in accordance with the provisions  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

May 21, 2021 09:29 AM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

