



State of Rhode Island

Department of State - Business Services Division

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.

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1. Entity ID Number <u>1674027</u>		2. Exact name of the Limited Liability Company <u>Trombetti Hospitality LLC</u>	
3. NAICS Code <u>812990</u>		4. Brief description of the character of business conducted in Rhode Island <u>Hospitality, Events</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>19 Eliot Avenue</u>		City <u>North Providence</u>	State <u>RI</u> Zip <u>02904</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>Nicole Trombetti</u>		Contact Title <u>OWNER</u>	
Street Address <u>19 Eliot Avenue</u>		City <u>North Prov.</u>	State <u>RI</u> Zip <u>02904</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	City	State Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State Zip
Check the box to indicate an attachment ☐			
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 <u>Nicole Trombetti</u>		Date <u>06/21/2021</u>	
Signature of Authorized Person <u>[Signature]</u>			

FILED

AUG 03 2021

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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