



State of Rhode Island
Department of State - Business Services Division

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.

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 BUS SVCS DIV

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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 Providence</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	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.					
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 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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