

**Limited Liability Company** 

→ Filing period: September 1 - November 1 → Filing Fee: \$50.00					REP DEP AUG	
→ Penalty: Additional \$2	5.00 fee if form	is not filed by D	ecember 1.		T. OF SVCS	
1, Entity ID Number 001679416	1	2. Exact name of the Limited Liability Company Circle Holdings, LLC			51 Cl	
3. NAICS Code 999999		4. Brief description of the character of business conducted in Rhode Island Real Estate holding co.				
5. State of Formation RI						
6. Principal Office Address			City	State	Zip	
15 Circle Street			Rumford	RI	02916	
7. Mailing Address of Limite		any and Name o	r Title of Contact Person	• • • • • • • • • • • • • • • • • • •	·	
Contact Name Lisa Gargaro			Contact Title Accountant/Office Admin			
Street Address 15 Circle Street			<sup>Cily</sup> Rumford	State RI	<sup>7ip</sup> 02916	
8. List ALL managers (nam	es and addresse	s) of the Limited	Liability Company, IF APPLICA	ABLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name			
Street Address			Stree: Address			
City	State	Ζιρ	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
				Check the box to	indicate an attachment	
9. The Resident Agent infor	mation currently	of record with th	e RI Department of State is acc	curate. Changes requi	re filing Form 642.	
Under penalty of perjury, statements, and that all s			examined this report, includ true and correct.	ing any accompanyi	ng schedules and	
Name of Authorized Person				Date		
Shane Cooper				8/6/21		
Signature of Authorized Per	Son A					

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov See Handing

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