RI SOS Filing Number: 202100746680 Date: 9/2/2021 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2021
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	2. Exact name of the Limited Liability Company
001662043	LaFazia Public Adjusters, LLC
3. NAICS Code: 524210	4. Brief description of the character of business conducted in Rhode Island: [redacted] Insurance Adjusting (Public)
5. State of Formation: RI	

6. Principal Office Address	City	State	Zip
920 plainfield st	Johnston	RI	02919

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name	Contact Title
Derek LaFazia	President

Street Address	City	State	Zip
920 plainfield st	Johnston	RI	02919

8. List **ALL** managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**

Manager Name	Street Address	City	State	Zip
Manager Name	Street Address	City	State	Zip
Manager Name	Street Address	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	Date
Derek R. LaFazia	9-1-21

Signature of Authorized Person: Derek LaFazia

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov