



State of Rhode Island

## Department of State - Business Services Division

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.

**FILED**

SEP 03 2021

BY

|                                                                                                                                                                                                             |       |                                                                                                                                               |                        |                |              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------|--------------|
| 1. Entity ID Number<br><b>000613766</b>                                                                                                                                                                     |       | 2. Exact name of the Limited Liability Company<br><b>BOSCO PROPERTIES, LLC</b>                                                                |                        |                |              |
| 3. NAICS Code<br>531120                                                                                                                                                                                     |       | 4. Brief description of the character of business conducted in Rhode Island<br>OPERATE, CONTROL, MANAGE, SELL, PURCHASE AND LEASE REAL ESTATE |                        |                |              |
| 5. State of Formation<br>RI                                                                                                                                                                                 |       |                                                                                                                                               |                        |                |              |
| 6. Principal Office Address<br>14 KINGFISHER DRIVE                                                                                                                                                          |       |                                                                                                                                               | City<br>COVENTRY       | State<br>RI    | Zip<br>02816 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                                                               |                        |                |              |
| Contact Name<br>ALLAN COHEN                                                                                                                                                                                 |       |                                                                                                                                               | Contact Title<br>OWNER |                |              |
| Street Address<br>14 KINGFISHER DRIVE                                                                                                                                                                       |       |                                                                                                                                               | City<br>COVENTRY       | State<br>RI    | Zip<br>02816 |
| 8. List <b>ALL</b> 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                                                                          |       |                                                                                                                                               |                        |                |              |
| <b>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.</b> |       |                                                                                                                                               |                        |                |              |
| Name of Authorized Person<br>ALLAN COHEN <i>Allan Cohen</i>                                                                                                                                                 |       |                                                                                                                                               |                        | Date<br>9/3/21 |              |
| Signature of Authorized Person<br><i>Allan Cohen</i>                                                                                                                                                        |       |                                                                                                                                               |                        |                |              |

**MAIL TO:**

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov