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 07 2021
BY 1303

1. Entity ID Number	2. Exact name of the Limited Liability Company		
1341103	SULLY II, LLC		
3. NAICS Code: 53110	4. Brief description of the character of business conducted in Rhode Island: REAL ESTATE		
5. State of Formation: RI			
6. Principal Office Address: 2069 SMITH ST.	City: NORTH PROVIDENCE	State: RI	Zip: 02911
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name: THOMAS F SACCOCCIA	Contact Title: PRESIDENT		
Street Address: 2069 SMITH ST.	City: NO. PROVIDENCE	State: RI	Zip: 02911

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

Manager Name: THOMAS F. SACCOCCIA			Manager Name		
Street Address: 6 GREENBRIER RD			Street Address		
City: GREENVILLE	State: RI	Zip: 02828	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 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
THOMAS F. SACCOCCIA	9-1-21

Signature of Authorized Person: Thomas F Saccoccia

MAIL TO:
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