RI SOS Filing Number: 202101056940 Date: 9/7/2021 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

FILED

BY SEP 07 2

Annual Report for the year: 202/ 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 ability Company				
	135 Atrond Averue LLC				
10168 2402					
3. NAICS Gode	1		cter of business conducted in Rho	ode Island	
	Rich Estata				
5. State of Formation	1 /Cec LS/C/4				
$\mathcal{D}\mathcal{T}$					
) C C C C C C C C C C	.		Lou 4		17:-
6. Principal Office Address	1		City Crons for	State	0297d
134 Atroud	HURRUL		Crers for	701	02720
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Arthur Roschi			Contact Title Menczer		
Street Address P.O. Bux 8522			City Creston	State /ZI	Zip 029 20
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	7ip
		<u> </u>	Ch	eck the box to ind	licate 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 Parish or 1 Cosculi					
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